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ABSTRACT

The six 1986 issues of this newsletter for parents of handicapped children contain lead articles with the following titles: "Understanding Psychological Tests" (includes intelligence tests, achievement tests, personality tests and parental do's and don'ts); "Sex Education for the Special Person" (e.g., purpose of sex education, parental do's and don'ts, other information sources); "Learning Disabilities" (identification of learning disabilities, learning disability patterns, do's and don'ts, and definitions of terms); "Home Is the Learning Center" (kitchen learning activities, chores as a learning opportunity, do's and don'ts, and grooming); "Behavior Modification in the Home" (what behavior modification is, changing behavior, modifying negative behavior, time out, and do's and don'ts); and "Nutrition" (menu planning, making mealtime pleasant, motivating the poor eater, snacks, the overweight child, fast food, and do's and don'ts). (DB)

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Special Parent ★Special Child

Practical pointers for parenting handicapped children

VOL. 2, NO. 1 JANUARY/FEBRUARY 1986

FROM THE EDITORS

U.S. DEPARTMENT OF EDUCATION
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L Murphy

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Dear Readers,

Look what we have for you in 1986! Our second year of helpful articles, practical suggestions and advice from psychologists will include:

Sex Education for the Special Person (March/April)
Sexual development of the special child is a concern to all parents. Learn to help your child understand his sexuality and to develop appropriate social relationships.

Learning Disabilities (May/June)
All too often when learning disabilities are identified there is an emphasis on what is wrong with the child. The failure to recognize that each child has certain strengths as well as weaknesses can interfere with the realization of his potential. In this issue learn the signs of learning disabilities, and how to minimize their effects.

Home Is the Learning Center (July/August)
In this issue learn how the everyday events that occur in your home can enrich and enhance your special child's knowledge.

Behavior Modification in the Home (September/October)
Is it bribery? Is it punishment? Learn how to integrate behavior modification techniques into your own home. Look for our special pull-out star chart.

Nutrition (November/December)
The foods we eat can affect the way we behave and learn. Good nutrition is important for your special child. Learn to prepare nutritious meals for kids who won't eat or who eat the wrong things, how to sneak nutrition into favorite foods, and what foods to avoid.

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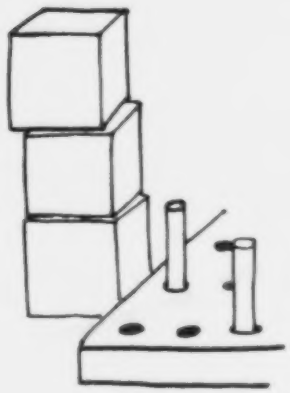

We wish to thank you, our subscribers, for your overwhelming response to our first year of publication. Your comments, inquiries and suggestions are wonderful! Let us know if there is any topic of interest to you that we could feature in future issues.

Sincerely,

Linda Murphy

Suzanne DellaCorte

Linda Murphy and Suzanne DellaCorte, editors

UNDERSTANDING PSYCHOLOGICAL TESTS

Special children more than others are subjected to a constant array of psychological tests—tests to measure intelligence, investigate personality, evaluate social skills and development, determine academic achievements. What these tests or evaluation instruments are, how they are used and their significance to your special child will be explored in this issue.

Intelligence tests

- **McCarthy Scale of Children's Abilities**
- **Stanford-Binet Intelligence Scale**
- **Wechsler Intelligence Scale for Children, Revised (WISC-R)**

Intelligence refers to our ability to learn. It is a composite of the way we take in information, reason things out, remember things in our environment, and ultimately make judgements based on this previously acquired knowledge. Intelligence guides us in using what we know in order to develop effective ways of living.

Giving a child an intelligence test is one method of determining that child's capacity to learn. Many parents become unduly concerned when they find out their child is to be "tested." They imagine some complicated procedure based on intricate mathematical formulas which will somehow result in the IQ, a magical, one-time-only score that will preordain their child's course through life. In reality, formal testing is just one method of identifying and documenting children's strengths and weaknesses.

The objectives of a psychological examination, especially during school-age years, are to: determine your child's educational needs; help identify the best learning placement for him; provide insights into your child's behavior; and help your child's school develop an appropriate individual educational program.

ABOUT SPECIAL PARENT/SPECIAL CHILD:

Special Parent/Special Child is a bi-monthly newsletter published by Lindell Press, Inc., P.O. Box 462, South Salem, New York 10590. Special Parent/Special Child is designed to promote effective family functioning between parent and special child. Bylined articles do not necessarily reflect the publisher's viewpoint. Annual subscription rate is $15.00 per year. Send check to Special Parent/Special Child at above address. Reprints are available at $3.00 per issue. Copyright ©1985. All rights reserved.

How tests are done

A psychologist will be called in to administer a variety of tests to your child to determine how he fits in with children the same chronological age. Your child will be given familiar toy-like materials and the psychologist will direct him to manipulate them in certain specific ways.

The things your child will be asked to do will depend on the test the psychologist selects and will include such activities as:

- building a block tower
- identifying colors and shapes
- putting together simple, puzzle-like objects
- identifying his body parts
- matching blocks to the designs shown to him on paper
- identifying the names of common objects from picture cards
- replicating a circle, square and triangle using paper and pencil
- copying symbols and codes.

Your youngster will be shown line drawings of common objects where one thing is missing, for example, a cup without a handle, a baby carriage without a wheel, and he will be asked to tell the examiner what is missing. He will be shown pictures that tell a story and will be asked to arrange them in sequence. Some of the intelligence tests that are given involve your child's general knowledge, his ability to solve arithmetic problems, to provide verbal definitions and to identify things that are similar. The tasks differ in complexity for each age level. Thousands upon thousands of children have taken these same tests and completed the activities to the best of their ability. Consequently, the average performance of children of different ages is well documented.

Your child's performance on some of the tests expresses a **mental age** which may or may not be different from his **chronological age**. For instance, if your child, age 8, performs on a test at the level of an average 6 year old, your child's mental age is said to be 6 years. Your child's IQ or intelligence quotient is found by dividing his mental age by his chronological age and then multiplying by 100 to avoid decimals.

Let us take for example the 8-year-old child who performs on the tests at the level of the average 6 year old. His IQ is determined with this formula:

6 yr. (mental age)
÷ x 100 = IQ 75
8 yr. (chronological age)

Many factors can affect your child's IQ scores—personality, motivation, the opportunity and ability to learn during the early formative years, the ability to understand language. Many special children have short attention spans, are easily distracted, have trouble discriminating shapes and forms (spatial relationships), or take a long time in figuring out what to do, either in written or spoken form.

It's hard not to place undue emphasis on the IQ score and sometimes even harder not to categorize your child according to that score. Remember always that intelligence develops through enrichment and that the activities your child is exposed to in daily life with his family can extend his knowledge. Some children, through motivation and feelings of self-worth, surpass what could logically be expected from their IQ score. It's best to think of the IQ as a raw statistic and as only one small part of the story in a whole lifetime of growth for your child.

Adaptive behavior scales

- **Vineland Social Maturity Scale**
- **AAMD Adaptive Behavior Scale**

In order to gain a more rounded picture of how your special child functions, especially in the areas of self-care and socialization, some tests called adaptive behavior scales are administered. These tests rely on parent or teacher observations. You will be asked, for instance, to give information on your child's ability to dress, feed and toilet himself, his ability to help around the house, get around the neighborhood on his own and how he spends his leisure time. It's best to make a mental picture so as to remember as accurately as possible how well your child performs these activities.

Behavior scales measure those areas that are not measured by intelligence tests. Children of different ages are expected to have mastered specific skills; 6 year olds, for example, are expected to speak in sentences, tie their own shoelaces, and play with others. If there are significant differences between what your child actually does and what a child of that age is expected to do, then this is a strong indication that a problem exists. Be honest! Remember, your special child is not being graded on these tests and is not going to "pass" or "fail."

The results of the behavior scales are used to help parents and teachers plan activities that will assist the child in overcoming his difficulties.

Achievement tests

- **Peabody Individual Achievement Tests (PIAT) Kindergarten-10th grade**
- **Wide-Range Achievement Tests, Revised (WRAT-R) Pre-kindergarten-adult**

Many children with learning problems are first identified when they take this type of test. Achievement tests are given routinely to all school-age children. They measure how much a child has learned and indicate when a child needs help in specific academic areas.

The academic subjects that are tested are grouped according to your child's grade level and include:

- reading recognition
- reading comprehension
- spelling
- general information
- mathematics.

The psychologist can compare the results of the achievement tests with the results of the intelligence tests and will be able to determine whether or not a child is working up to his or her ability. Recommendations can then be made for special help.

Special ability tests

- **Bender-Gestalt Test**
- **Visual Motor Test**

Special ability testing is used to complement standard intelligence tests. The tests indicate if your child has hand-eye coordination problems. Your child will be given a variety of tasks that screen his ability to understand what he sees and how his brain organizes the things he sees. This understandably is more complicated than simple vision tests. For instance, your child will be asked to copy geometric figures and patterns onto blank drawing paper. If your child has difficulty reproducing angles or in replicating the designs, the examiner will probably conclude that his difficulty lies in hand-eye (visual-motor) coordination. Children with this problem have difficulty in copying from the blackboard, or moving from left to right in their written work and most commonly display poor handwriting.

Personality tests

- **Rorschach Test**
- **Thematic Apperception Test (TAT)**

These special tests are attempts to measure emotional reactions and are largely dependent on the skill and interpretative abilities of the examiner. Your child's reactions and what he says as he takes the test will be noted. The tests themselves measure self-confidence, ability to get along with others, feelings about people or situations and adaptability to new situations. The tests often provide clues to areas of conflict and anxiety; they are only given if a child is showing signs of emotional distress and are not normally a part of the test battery.

In one of the best known of the personality tests, the Rorschach or "ink blot" test, the examiner presents a series of ink blots. The child is then asked to tell what the blots or shapes look like to him. A skillful examiner will be able to detect a great deal of information about the child from the responses he makes.

All personality tests are only useful as a springboard to discussion and an airing of things that might be bothering the child.

In addition to formal testing, a complete psychological examination should include:

- interviews with parents and teachers
- written reports from teachers and other school personnel
- observations on the way your child relates to others, both at home and at school.

What the tests reveal about your child

At the conclusion of the psychological testing, parents should request a face-to-face meeting with the psychologist who administered them. Now is the time to ask him to explain the results of the tests and their implications. An effective test battery should have revealed the following:

- your child's learning style—some children learn more easily, for example, if material is presented visually; some need extended time
- environmental factors, such as a foreign language spoken at home, that could affect learning
- social and emotional factors that might affect your child
- specific materials or procedures to be used in school settings to enhance learning.

Finally, recommendations should be made on what you can do at home to enrich your child's ability to learn.

Do's and Don'ts

DO remember that intelligence develops through learning experiences. Enrich your child's life. Read to him; talk to him; take him on short trips; expose him to music, art activities, sports and in general expand upon his day-to-day activities.

DO recognize that your own observations about your child's functioning at home are extremely useful to the psychologist. Your child's developmental milestones—at what age he sat up, first walked and talked—are vital pieces of information.

DON'T base major decisions on the basis of how your child scores on psychological tests. Take into consideration every facet of your child's personality. Ask yourself "what are my child's strong points as opposed to his weak ones? How can I use his school program, after-school recreation programs, camp activities, to stimulate and motivate him?"

DO remember that it's natural

to get confused when presented with test scores and their findings. Ask to have a conference with the psychologist. Read the report carefully and jot down those terms that are unfamiliar.

DON'T be embarrassed to ask for clarification if the terminology is confusing. Many professionals are unaware that they have lapsed into **jargon.** Phrases such as "cognitive ability" instead of "ability to reason things out" that are bandied about in psychological tests often cause needless anxiety.

DON'T accept test results unless you are in agreement. If you don't agree with the psychological examination done at your child's school, you have the right under PL 94-142, the Education for all Handicapped Children's Act, to ask for an independent evaluation by an outside psychologist.

DON'T focus on your child's limitations. Find ways to help him learn and grow. Formal education is just one aspect of life. You can help your child and encourage him in many different ways. Encourage him to take responsibility for family chores and to participate in appropriate social situations. Seek out some special non-school-related talent that he might have.

DO be aware that unless your child feels he is a valuable human being capable of achievement, his ability to succeed will be severely hampered. Whatever the test scores indicate, nowhere is it written that special children cannot be instilled with feelings of self-worth or motivated to perform to the best of their abilities. As a matter of fact, many special children surpass what could logically be expected of them, largely because of a supportive family environment.

Psychologist's Corner: QUESTIONS PARENTS ASK

by George Popper, Ph.D.

As a psychologist, I am asked many questions about evaluations that I perform on children. Here are some of the more frequently asked questions along with my responses.

Q. "When my child was tested three years ago the IQ score was higher. How come it went down?"

A. As children get older, language and abstract thinking skills become more and more important; therefore, intelligence tests place greater emphasis on these skills. When a child is relatively young, intelligence tests tend to focus on motor and essentially nonverbal skills. What seems to happen is that lags in language and reasoning become more evident when the child becomes about ten years old and this is reflected in a lower score.

Q. "I'm certain my child could have done better than the score indicates. Is that possible?"

A. Of course it is. A psychological examination is, at best, a sample of behavior and not necessarily a totally accurate picture of a child. If the child were feeling ill or were frightened, test performance would be much less than optimal. Hopefully, the psychologist is sensitive to this, but often parents will point out questions that their child really should have answered correctly. What's important to remember is that an IQ score is only an estimate.

REPRINTS AVAILABLE

Vol. 1 No. 1 — Behavior, Part I
- Step-by-step on how to set up a fair, effective discipline system for your special child
- How to avoid the pitfalls of being too strict or too lenient
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Vol. 1 No. 2 — Behavior, Part II
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- Improve your special child's ability to play with others
- Creative activities for you and your child to share
- How to choose a summer camp
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- How best to deal with school personnel
- Helping your child get the most out of school
- Step-by-step on how to get you and your child through the special education maze (PL 94-142)
- Special Feature — "School Phobia"

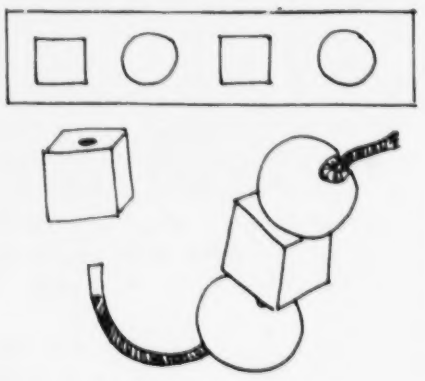
Vol. 1 No. 6 — Focus On: The Family
- Getting the most out of sibling and family relationships
- Parent to parent support groups that work
- Where to find help when you need it
- Special Feature — "Fighting Those Holiday Blues"

Reprints are $3.00 each. Bulk rates are available on request.

Q. "I have heard my child classified as learning disabled and an underachiever. What is the difference between the two?"
A. Learning disability often refers to a child who is having significant problems with reading and/or math and whose problems usually don't involve a lack of motivation or willingness to learn. An underachiever is usually a student who doesn't do as well in school as one would expect based on his intelligence. He may lack motivation and drive as opposed to a lack of ability.

Q. "Would getting a tutor help raise my child's IQ score?"
A. That depends on the situation and the particular child in question. Sometimes a tutor can be very helpful in improving a child's basic academic skills. However, while it is possible that an IQ score could be raised with the help of a tutor, the goal should be to improve learning and not simply to raise an IQ score.

Q. "My child may have problems in school and with IQ tests, but has many friends and seems to be able to function as well as anyone his age. What is the reason?"
A. Intelligence tests often rely on acquired knowledge, that is, information that is learned in school. If a child has had problems in school—because of, say, frequent absences or a medical problem—then the child might do poorly on an intelligence test. Adaptive behavior must also be strongly considered. Essentially, adaptive behavior refers to the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected of their age and cultural group.



Q. "The only thing wrong with my child is that he can't speak very well. Would speech therapy alleviate the problem?"
A. Speech therapy can certainly help, but it is not a magic cure for a complex and difficult problem. Not speaking well and/or language difficulties are often one of the first indicators that there is a serious problem. However, what is seen on the surface is usually symptomatic of more basic intellectual lags. What is necessary is to address all of the problems and not just one of them. A thorough speech evaluation along with psychological testing will help disclose problem areas.

Q. "Because my child is retarded, does that mean that he will never be able to learn and will always need supervision and protection?"
A. Absolutely not! While it is true that those individuals who score consistently within the profound or lower limits of severe mental retardation will require a considerable amount of supervision, this represents only a small fraction of the population. Many individuals who are classified as mildly retarded are able to become self-sufficient and even have families of their own. Educational and vocational programs have advanced to the point where many handicapped individuals who were once thought to be beyond help are now learning.

ABOUT THE AUTHORS

Linda Murphy, M.S., is the founder and for the past 15 years has been the director of a widely known, approved school for mentally handicapped children serving children ages 5-21 in Westchester County, NY, and surrounding areas. A lecturer, teacher and administrator, she is a foster parent and the parent of a handicapped child, too.

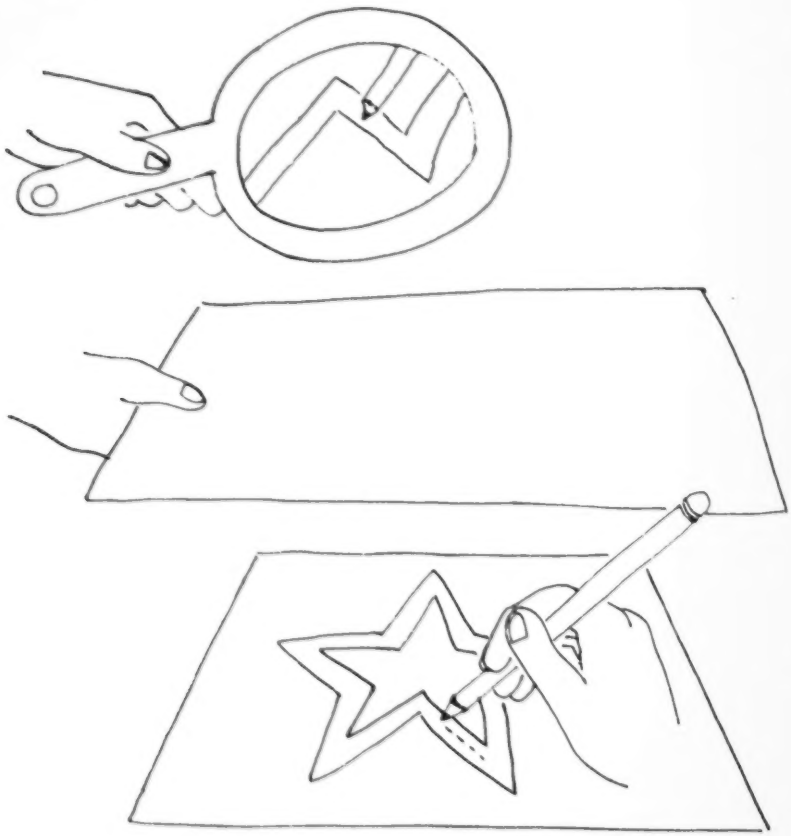
Suzanne Della Corte, M.S., for 15 years co-director of the school, is responsible for curricula, staff development and supervision. She is author of numerous research projects in the fieldoand has edited psychology textbooks for a leading New York publisher.

Q. "My child's psychological report mentions developmental milestones. What does this mean?"

A. As children progress from birth on through adulthood they develop physically, intellectually and socially. At different ages, children are expected to have attained particular skills and these skills are known as milestones. They can be used as markers and as guides to determine rate of growth. For example, within a rather limited span of time a child is expected to walk and talk. Significant departures from guidelines can indicate a potential problem.

Q. "My child has a 'perceptual problem.' What is this and how is learning affected?"

A. "Perceptual problem" usually refers to problems with the way the brain takes in information. One way to explain it is by demonstrating with a simple experiment you can try yourself; you will also need someone to assist. First, get a small mirror that can easily be held, two sheets of typing paper, and a pencil. Draw a large "double" star on one of the sheets (see illustration). Place your pencil on the "track" and then have your assistant cover your hand with the second sheet of paper and hold the mirror so that you can see your hand holding the pencil and the star (see illustration). Try staying on the track while drawing the outline of the star. If you're like most people, you'll find it rather difficult to do. This is the kind of problem that children with severe visual-perceptual problems sometimes experience.



QUESTIONS AND ANSWERS

We invite inquiries or hints from our readers. If you have a question, a problem or comment about any aspect of parenting special children, write to:

Special Parent/Special Child
Lindell Press, Inc.
P.O. Box 462
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Illustrations by Leah Spring

Next Issue:
Sex Education for the Special Person

Special Parent ★Special Child

Practical pointers for parenting handicapped children

VOL. 2, NO. 2 MARCH/APRIL 1986

SEX EDUCATION FOR THE SPECIAL PERSON

In this issue we will explore your special child's sexuality and how to provide the necessary instruction and guidance that will enable your child to become a more responsible member of society.

Society has always had great difficulty coping with the sexuality of its members. Even among people who are secure in their own sexual identity and sexual values, myths and misinformation give rise to irrational fears regarding the sexuality of the handicapped. Many parents believe that handicapped youngsters have no sexual feelings or that they don't need sex education because the handicapped are unlikely to marry or have children.

Special children have an even greater need for sex education than other children because they have fewer opportunities to acquire sound information and to develop a personal identity and a sense of closeness with others.

All human beings, including the handicapped, need caring human relationships. The special child's physical development often takes place normally and he or she can become capable of procreation. To enable special children the opportunity to live fulfilling and responsible lives, they should be provided with sex education geared to their needs.

If special children had the same opportunities as normal children to experience social, vocational, educational **and** sexual situations, the opportunities might bring them closer to average functioning children. Sexual knowledge, frequent exposure to the opposite sex, and even dating might enhance the handicapped adolescent's self-esteem. Certainly, a good sex education program at any age will generate self-confidence by developing self-understanding, thereby promoting a better self-image.

Why parents worry

The problems most frequently mentioned by parents concerning sex education for their special children are: their inability to answer the questions which their children ask; excessive masturbation; fear that their child will become a danger to others; and fear that their child will be sexually exploited. Even so, many parents do not want their child to learn about sex. They fear sex education may lead to a new and larger set of problems for themselves and their child.

Many parents are apprehensive that learning about sex will lead to sexual activity. They avoid facing this situation by denying their special child's sexuality.

Why sex education?

Too often the motivation behind sex education for the handicapped is to protect them from their own sexuality or to control their sexuality.

Special children more than others need to learn accurate information about their bodies and how they function. Most special youngsters don't have access to books or health classes or have the peer relationships where this knowledge can be easily obtained.

Knowing about your body and how it works heightens self-confidence, increases self-esteem and allays misconceptions and fears. It is of vital importance to teach special children to avoid situations where they can be sexually exploited. Ignorance about how their bodies function or keeping them in the dark about their sexual feelings is potentially dangerous. If one understands the why's and how's of sexual feelings, there is a greater likelihood that self-control will be exercised.

It is important to teach special children ways to find appropriate sexual expression that fits their developmental needs. Sex education will give your special youngster the social skills necessary to engage in beneficial friendships. It is only through positive, appropriate sex education that your special child will be able to adjust to his or her sexuality and take his or her rightful place in society as a socialized individual.

Sex education means . . .

Sex education for a special child is the same information you would ordinarily give your normal child only presented in simpler words, at a slower pace and with much repetition. Anything you tell your special child must be broken down into the simplest concepts; using pictures and drawings often helps. Special children should be given correct information in the simplest language possible about masturbation, menstruation, male and female anatomy and male-female roles. They should be taught as

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best they are able to take care of their bodily functions. Above all, they should be given some understanding of their own sexual feelings and impulses.

The most important part of sex education is to impart to your special child the skills to cope with his or her sexuality in a socially appropriate manner. The goal of sex education is not to eliminate sexuality, for this is impossible, but rather to enhance and protect one's sexuality.

Do's and Don'ts

Do relax. It's easier to talk about sex to your special child than you think! Believe it or not, your child will not be embarrassed.

Don't feel you must be a physiology expert or a hygiene teacher. The simpler your explanations, the better your special child will grasp the information. For example, tell your daughter her breasts will grow "like Mommy's" and that she will get hair between her legs and this is what happens to all girls when they grow up.

Do teach your child from the beginning that touching and kissing are for close friends and family only. Remember that to many special children the concept of "stranger" is unclear so that admonitions to stay away or not to let strangers touch is confusing.

Do not overstimulate your special child with excessive displays of affection. Treat him as you would a normal child of the same age. If your special child gets in the habit of sitting in laps or kissing this will be misconstrued as overt sexual behavior as he gets older.

Do use proper words for body parts. This will eliminate inappropriate baby talk as your child gets older. For example, the sixteen year old who refers to his penis as "wee wee" will be laughed at by his peers and others.

Do be aware that all children go through a phase of using "dirty words" as an attention-getting device. When this occurs in your special child don't get angry or excited. Simply tell your child the correct word and go on to something else.

Do tell your special daughter about menstruation before it occurs. Your daughter in all likelihood will need extensive practice in using sanitary napkins. You might wish to use dolls or model with your own body if this does not embarrass you. Keep your explanations matter-of-fact. Long, complicated biological explanations are unnecessary. Most parents find that simply saying that this bleeding happens to all girls and is not something to worry about is sufficient.

Don't get in the habit of telling your daughter that now she can become a mother and that all women become mothers. In truth, many women do not bear children and this does not automatically mean their lives are unfulfilled.

Don't become alarmed that telling your child about sex will lead him or her to sexually-acting-out behavior. Ignoring sex will not make it go away. Providing information in clear-cut terms about sexual feelings will reduce the chances that your child will be led astray. Knowing the names of body parts and having accurate information on how to recognize sexual feelings will reduce confusion and minimize the risk of inappropriate behavior.

ABOUT THE AUTHORS

Linda Murphy, M.S., is the founder and for the past 15 years has been the director of a widely known, approved school for mentally handicapped children serving children ages 5-21 in Westchester County, NY, and surrounding areas. A lecturer, teacher and administrator, she is a foster parent and the parent of a handicapped child, too.

Suzanne Della Corte, M.S., for 15 years co-director of the school, is responsible for curricula, staff development and supervision. She is author of numerous research projects in the field and has edited psychology textbooks for a leading New York publisher.

Do become aware that masturbation is probably the chief source if not the only appropriate source of sexual release for your special child. Masturbation is normal and will not harm your child. However, special children often lack the social judgment concerning when to touch. They must be taught that masturbation must be done in private. If your special child touches himself in front of others, do not punish him either verbally or physically. Get his eye contact and remind him to keep his hands at his sides until he is in the privacy of his own room.

Do remember that if you make an effort to give your special child a feeling of self-worth and competency he will be less likely to seek approval or attention through inappropriate sexual behavior.

Do provide appropriate sexual experiences for your special child. Often preoccupation with masturbation arises because handicapped adolescents are not provided with enough social outlets. Normal adolescents channel their sexual energies into sports activities, bowling, dances and your special child should participate in these activities with his own peers as well. Your special teenager is also apt to develop crushes. It's unwise to forbid this normal impulse along with the hand-holding, whispering and giggling that go with it but **do** provide careful supervision.

Don't emphasize to your special child that serious boy-girl relationships are the ultimate social goal. If your special child is incapable of this type of relationship, it will only heighten his feeling of inferiority and will provoke despair.

Do set realistic goals for your child. Talk to him honestly about the responsibility of earning a livelihood, marriage and parenthood. Help your special child to accept that although there will be those things he may not be able to accomplish, there are alternatives.

Sources of help

Gordon, Sol. **Boys Are Boys and Girls Are Girls, So What's the Difference?** New York: John Day Co., 1974.

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Johnson, Eric W. **Love and Sex in Plain Language.** Philadelphia: J. P. Lippincott, 1967.

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Kimberly-Clark Corporation. **Growing Up Young.** Neenah, Wisconsin: The Corporation, 1971.

Kimberly Clark Corporation. **How to Tell the Retarded Girl About Menstruation.** Neenah, Wisconsin: The Corporation, 1971.

White, Ruth M. **Hi There, Young Lady.** Suite 1300, Two Allegheny Center, Pittsburgh, Pennsylvania 15212: Allegheny Intermediate Unit No. 3.

THE READER ASKS . . .

QUESTIONS AND ANSWERS

We invite inquiries or hints from our readers. If you have a question, a problem or comment about any aspect of parenting special children, write to:

Special Parent/Special Child
Lindell Press, Inc.
P.O. Box 462
South Salem, NY 10590

There have been so many queries directly related to psychological testing (see January/February issue) that the editors have asked Dr. George Popper, clinical psychologist, to reply.

Q. My ten-year-old daughter has Down's Syndrome and is classified as educable mentally retarded. I have always been interested in what, if any, are the most appropriate IQ tests for a mentally handicapped person. Do you recommend one over another?

Could you tell me whether there are specific tests required by the state with regard to an individual's classification? Do adaptive behavior scales as well as achievement tests carry the same weight as IQ tests? Would you be able to suggest where we might go for an independent evaluation?

A. In response to your inquiry, the most appropriate intelligence tests are individually administered examinations given by fully qualified psychologists. As far as I know, there are no specific in-

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telligence tests for handicapped persons such as your daughter, although there are modified tests that are used for blind or deaf individuals. Such tests as the Stanford-Binet or the Wechsler Intelligence Scale for Children are considered to be among the more comprehensive evaluations. As you suggested, adaptive behavior is at least as important as intelligence and recently a number of tests have been developed with handicapped people in mind. Examples of these tests include the Vineland Adaptive Behavior Scales, the Woodcock-Johnson Scales of Adaptive Behavior and the AAMD Adaptive Behavior Scales. All or any of these tests, when properly administered and interpreted, provide as complete a diagnostic profile as is currently available.

Generally, it is best to think of individual psychological tests as part of a comprehensive battery in which each test plays an equally important part. Often, states have specific guidelines as to what tests can be used for what purpose and who can give them. Your local, state and county psychological associations can recommend qualified psychologists. Your local ARC (Association for Retarded Children) might also be a valuable resource, and in most cases, local school districts have names of qualified clinicians who administer independent evaluations.

Q. "What is meant by 'developmental disability'?"

A. By definition, a developmental disability is usually associated with mental retardation, cerebral palsy, epilepsy, or other neurological conditions. It is closely related to mental retardation or requires similar treatment in that it originates in early childhood, is likely to continue, and constitutes a substantial handicap to the individual.

Q. "My child has been described as having a 'behavior disorder.' What exactly is that?"

A. Usually, the term "behavior disorder" refers to behaviors that are considered socially unacceptable or to an individual who lacks impulse control and who is therefore unable to effectively deal with day-to-day situations. The behavior problem is often a symptom of such things as intellectual deficits, emotional disturbances or medical problems.

Q. "The psychologist says my child has 'minimal brain dysfunction.' What does that mean?"

A. The term "minimal brain dysfunction" or MBD is not really used today but was at one time quite popular. It typically referred to a child who was having learning or behavioral problems that seemed to be related to something wrong with the brain. However, the term is vague and has been replaced with such concepts as "attention deficit disorder."

Here's a hint from R. T., a licensed occupational therapist from Louisiana:

"In your November/December issue someone wrote about their child being too weak to brush his teeth by himself. As an occupational therapist at a children's hospital I could make more recommendations. First I would like to point out that if a child cannot grasp a regular toothbrush, then holding an electric toothbrush may be too heavy. Using a simple strap called a "Universal Cuff" would be helpful as it would not require any small muscle movement but just the actions of arm and wrist. I would suggest seeking out an occupational therapist at any rehabilitation facility in your area as it can be made easily, or the therapist could suggest an alternative self-help device."

Psychologist's Corner: MORE THAN THE "BIRDS AND BEES"

by George Popper, Ph.D.

Even though we live in what many consider to be enlightened times, there are still a significant number of parents who feel frightened, repelled or at least uncomfortable when it comes to sex education. Often, we hear that children should be taught the facts of life at home and not by schools which may or may not share our "traditional" values. But how many parents are really up to the task or are truly willing to accept the responsibility? It's difficult enough when you have a normal child but the problem is even more complex when you have a special child.

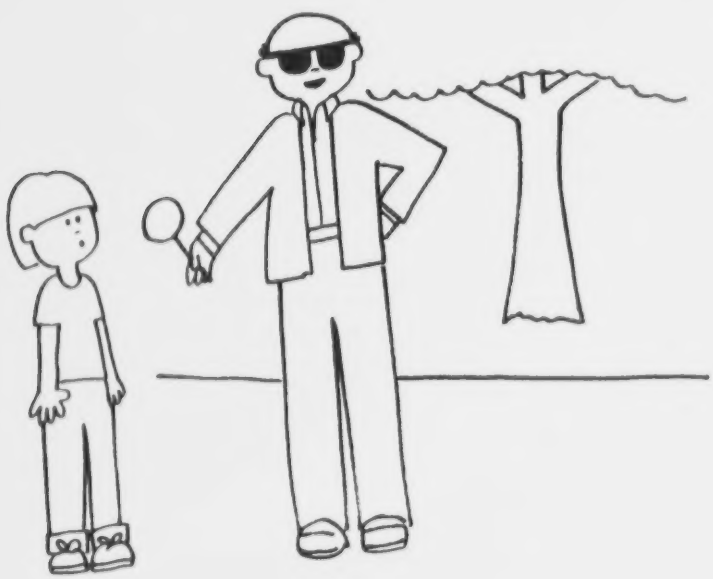
We are all sexual beings and that includes mentally retarded, emotionally disturbed and learning disabled children among others. Because of fear and ignorance, mentally handicapped people have been punished or even brutalized for expressing their sexuality. There are even professionals in the field who still have many distortions and misconceptions. It has been only recently that any attention has been paid to the needs of handicapped people. Mentally handicapped children have the same feelings and desires as normal children and it is especially important that parents and professionals alike show a willingness to understand them. In many respects, children, whether mentally handicapped or not, are more similar than different.

Essentially, sexual development begins in infancy when a child discovers his own body. During this sensory stage, children explore and stimulate many parts of their bodies. All children seem to have a natural curiosity to learn and to experience new things, yet they are punished for fondling or touching their genitals. Thus from the very beginning, children often learn to associate their genitalia with feelings of guilt. This kind of exploration is normal and healthy and punishing it can cause harm to your child later. When your child gets older, he can be taught not to touch himself in public, but wait until he's old enough to learn.

There are, however, some special concerns that parents of special children have. For example, parents might wonder if their child will be able to understand what is being said to him or whether a discussion on sexuality

will confuse him. Using language your child can understand is vitally important. All children need to feel they can ask their parents any questions without the fear of ridicule or punishment. But what do you do if your special child never asks? It's then up to you to approach your child. It's likely that your child has already acquired some information from other sources and needs to know you'll be there to clear up misconceptions, distortions and fantasies. Children need to know the changes that will take place in their bodies BEFORE they actually occur. They can then be prepared and the emotional turmoil associated with these changes will be reduced.

Children, including mentally handicapped children, learn what they live. If they experience love and affection from parents who show it, then the sexuality they learn will be in the context of that love and affection. How do children learn this? By observing you and how you behave. Perhaps parents are more inclined to tolerate behaviors from their special child they would not tolerate in a normal child. But what might be considered cute from a six year old could become a problem when that child reaches his teens. It is the responsibility of parents to keep their children informed about sexuality and appropriate sexual behavior. It is also important to understand that sexuality is not just reproduction and sexual intercourse but covers a wide range of human interaction and development. It is about affection and caring and love.



Illustrations by Leah Spring

Special Parent ★Special Child
Practical pointers for parenting handicapped children

VOL. 2, NO. 3 MAY/JUNE 1986

LEARNING DISABILITIES

by Burton Danet, Ph.D.

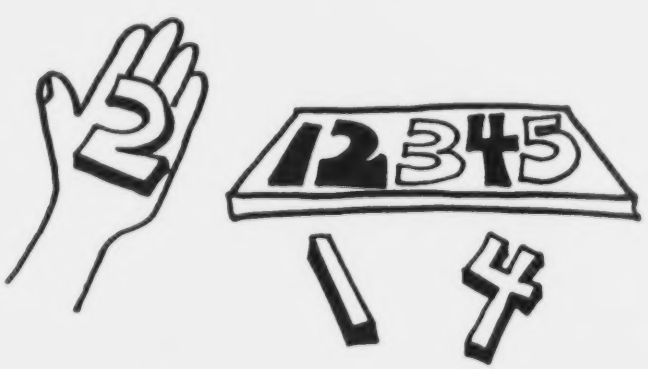
All too often when learning disabilities are identified there is an emphasis on what is wrong with the child. The failure to recognize that each child has certain strengths as well as weaknesses can interfere with the realization of his potential. In this issue learn the signs of learning disabilities and how to minimize their effects.

Identification of learning difficulties

Learning difficulties can occur in individuals of all ranges of intelligence, from the very slow learner to the child with superior or better intelligence. When they go undetected, such difficulties can affect not only learning skills but the development of a person's self-concept as well.

A learning difficulty exists when a child is two years behind academically. Studies have estimated the prevalence of learning difficulties to range from 15 to 30 percent of children in the population. Early detection is crucial; through early identification of possible learning difficulties much can then be done in the way of preventive remediation. Each child is unique with particular strengths and weaknesses; specialized learning techniques that take into account the specific areas of difficulty can offer badly needed help.

It is not possible to "outgrow" learning disabilities. Many adults have always been aware of some troubles with their skills but have never had them identified. This can prove not only frustrating and debilitating, it can also lower one's self-esteem without knowing what the problem has been.



What is learning disability?

A learning disability is more than a difficulty in academic achievement or lack of motivation to learn. LD is a puzzling disorder which affects, sometimes drastically, the child's ability to **take in information.** It shows up in a child's impaired ability to speak, listen, think, reason things out, organize his time or to make judgments. When a child with this problem goes to school it shows up when he experiences marked difficulty in reading, writing, spelling, math or even sitting still.

Not much is known about the causes but some general observations have been made:

Some children develop and mature at a slower rate than their peers. Although children develop at their own rate there are those skills such as talking and walking that occur at known intervals. If there is a significant departure in the occurrence of these important milestones, then this is known as a **developmental lag.** If the lag persists, then the child's ability to learn will be less efficient. **Organic factors** can sometimes contribute to the development of learning difficulties. Birth trauma, degenerative diseases, congenital abnormalities, strokes, and other physical deficits all can be relevant factors. Brain damage, depending upon its location, at times can affect a variety of learning skills.

Since all children are unique, each child having such difficulties will be different, in some ways, from all others. It is therefore essential to study the particular child in question and devise a prescriptive remedial program tailored to that person. Of importance are **patterns of difficulty** which are readily observable and which, when they persist, can lead to difficulties at school. Does your child exhibit any or all of the following patterns?

Learning disability patterns

Motor Execution Skills: Tendency to be awkward or clumsy; tripping or falling; bumping into furniture; poor gross motor coordination (athletic prowess); poor fine motor coordination (handwriting or other hand-eye skills including copying of designs from models, object manipulation, tying shoes). Tendency to reverse letters (e.g., b and d) or words (such as reading "was" for "saw"). Delayed ability to handle scissors, toys, puzzles. Difficulty in telling left from right.

Receptive Language Skills: Difficulty absorbing new information; delayed reading readiness; difficulty with sequences such as alphabet or numbers. Oral and silent reading difficulties. Poor spelling and math skills. Difficulty understanding spoken commands.

Expressive Language Skills: Difficulties with speech production, stuttering, poor articulation, slower to develop speech patterns, less able to speak as well as others. Difficulty in recalling the correct words or naming objects.

ABOUT SPECIAL PARENT/SPECIAL CHILD:

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Memory Functioning: Trouble retaining sequences of numbers forwards and/or backwards (especially the latter); cannot remember a sequence of tasks without being reminded; forgetful; absent-minded; easily confused; trouble remembering assignments. Poor long-term as well as immediate memory; may continually misplace or lose possessions.

Activity Level: Constantly on the go, cannot sit still, easily distracted; poor attention span; needs frequent changes of activity, moves around a great deal, always busying self with activities such as fidgeting, touching things, tapping, fingering self.

Noise Sensitivity: May have a lower threshold for noise than others, will jump with "startle reaction" at the sudden introduction of noises. Innocuous background noises (traffic, air conditioning, blower) which others easily ignore may be perceived as bothersome.

Personal Adjustment: May be depressed, anxious, prone to temper tantrums. Poor sleep habits. Can be silly or have uncontrolled laughter. May fight with other children, have difficulty conforming to rules since there is difficulty understanding what is involved. Without apparent reason may steal, lie, be unaware of consequences of behavior. May be unusually quiet, withdrawn, or removed from his surroundings.

Hearing and Visual Difficulties: Poor visual skills, trouble combining the images offered by each eye; trouble identifying what is said or what is seen.

Concept Formation: Difficulties with verbal abstract reasoning (how two things are alike, or different, or both). Poor ability to understand proverbs. Difficulty expressing even simple thoughts verbally or on paper.

If your child has **any or all** of the above signs, a professional evaluation is in order. Don't wait for your child to outgrow these difficulties! The best approach is an evaluation which will include a variety of specialists. A medical/pediatric evaluation should be conducted, followed by a series of any or all of the following: psychological, psychiatric, neurological, speech, visual, and hearing examinations. The findings of these evaluations should be coordinated into a common treatment plan created in close cooperation with school officials.

It is through the well coordinated treatment of a child by his parents, teachers, and other specialized professionals (tutors, speech therapists, counselors, etc.) that the best results can occur. There is the added benefit that the child knows and feels the caring that goes on when all interested and involved adults are communicating well and consistently with one another. The joint aim is to develop a plan which will take into account and minimize the now well defined learning difficulties.

Learning disabilities? Or abilities?

Once learning disabilities are identified there is a tendency to look only at the child's limitations and to draw the conclusion that their presence prevents the child from any kind of achievement.

If at all possible, adopt a "let's see what you can do" attitude, rather than "I don't think you can do that." On the one hand, one does not want to offer false hopes and expectations in terms of realistic goals for the LD child. On the other hand, one does not want to emphasize weaknesses so that the child is discouraged from working towards realizing more of his potential.

All children have learning **abilities.** What they are and how they may be cultivated will depend upon the given child and the attitude which surrounds him.

Helping the child build on strengths, whatever those may be, will eventually be incorporated into a more positive self-image. Motivation and one's attitude has much to do with what is actually learned!

Do's and Don'ts

Don't try to go it alone. Join a parent group or your local ACLD organization. Other parents will have helpful hints for you.

Do find out if your LD child has some specific strength or non-school-related talent. This could include horseback riding, music, photography, art, cooking. Any skill he can excel at **will increase** your child's self-esteem. This does not imply you should **force** your child into competitive situations or push him into activities he is ill-equipped to handle.

Do help organize your child's time. Many LD children have notoriously poor concepts of time; they either race through activities helter-skelter or dawdle—to everyone's frustration. Help him by letting him know the next step in the course of events. Set an oven timer at prearranged interludes. Only assign tasks that can be completed within a specific time—bed making, for instance, but not cleaning up his entire room, etc. Praise his efforts.

Do give instructions that are clear, concise and in the most uncomplicated language possible. Repeat directions often until you are sure they are understood.

Don't overload or overstimulate your LD child. Simplify the family routines. Don't plan a family outing that includes, for example, a long car ride, an excursion to a large shopping mall, followed by dinner in a fine restaurant. Activities requiring sustained attentiveness and self-control are difficult for many LD children.

Do keep your LD child's social activities to a structured, supervised minimum. Very often, having a friend over, especially for a lengthy period of time, ends in tears or arguments. Limit the time so that both children end their visit while still refreshed. This is helpful to remember when planning birthday parties, sleepovers, and other events. Keep things simple, low-key and short.

Don't compare your LD child unfavorably to others his own age or to siblings. This provokes withdrawal or rebellion and in any event lowers the youngster's self-esteem needlessly.

Do ask to have any educational, psychological, or medical reports about your child's learning disability explained to you in jargon-free terms. Too often,

ABOUT THE AUTHORS

Linda Murphy, M.S., is the founder and for the past 15 years has been the director of a widely known, approved school for mentally handicapped children serving children ages 5-21 in Westchester County, NY, and surrounding areas. A lecturer, teacher and administrator, she is a foster parent and the parent of a handicapped child, too.

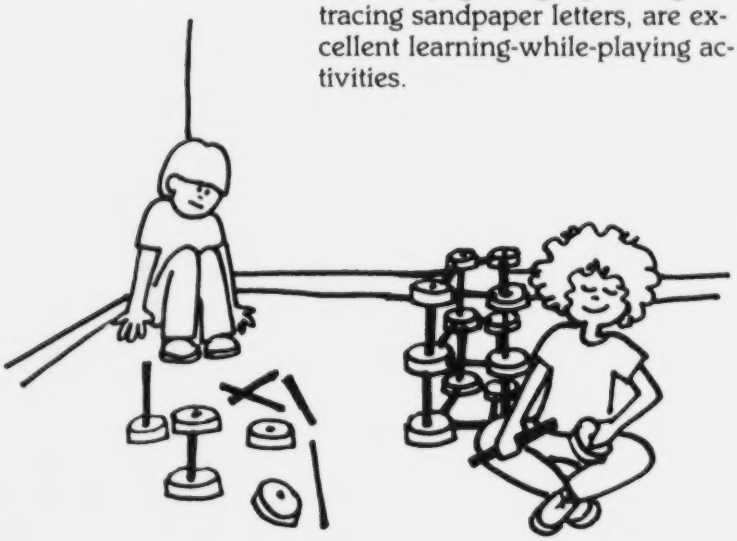
Suzanne Della Corte, M.S., for 15 years co-director of the school, is responsible for curricula, staff development and supervision. She is author of numerous research projects in the field and has edited psychology textbooks for a leading New York publisher.

specialists lapse into their own terminology; using words, for example, like "hyperkinetic" instead of "restless" in describing your child can cause needless apprehension.

Do help improve your child's motor (body) coordination with some simple games. Place a ladder flat on the ground and have your child walk backwards and forwards between the rungs. Create an obstacle course with tables and chairs. Have your child go through, around, over, and under the furniture. This will help his concept formation as well as his coordination.

Do help your child improve the hand-eye coordination necessary for handwriting. For example, have your child clip clothespins to a clothesline or onto a cardboard box. Clipping paper clips, or any other similar activity you devise, should go from left to right in order to simulate the left-to-right eye movements necessary for reading as well as writing.

Do make a game out of improving your LD child's manual dexterity. Playing jacks, pounding hammer and nails, hammering in wooden pegs, finger painting, tracing sandpaper letters, are excellent learning-while-playing activities.



Do help your child's ability to organize his school things. Label your child's possessions (school books, lunch box, clothing) with an easily recognizable insignia so that he can identify them easily. This is especially helpful if your child cannot read and will help him not to forget his things.

Do help your child's ability to organize what he sees by having him pick out shapes in pictures. Make a game out of selecting all the round shapes, square objects, etc. Play dominoes. This simple game will assist your child's matching skills. Use playing cards to help your child learn to match numbers, pictures, suits and sets. Jigsaw puzzles are excellent teaching tools as well as an enjoyable family activity. Make a scrapbook of things in his environment. Take snapshots around the house. Have your child dictate sentences about each picture. This will help him identify objects and sequence ideas.

Do enhance your child's listening skills by reading to him. Story records are excellent. Have your child close his eyes and help him to identify the sounds of his environment, such as traffic noises, dogs barking, a door closing. Put on background music, and help your LD child identify other more pertinent sounds. This will help him screen out irrelevant noises, such as traffic noises outside his classroom window that might interfere with his ability to concentrate.

Do play such games as "Simon Says" which will help him follow verbal commands.

Do speak with your child's teacher. Perhaps there are some simple drills or activities that will

not frustrate him but will enhance his ability to succeed in school. Ask the teacher for suggestions.

- If possible, set aside an area for homework activities apart from the general living area, with table or desk space.
- A quiet atmosphere for working is essential: no distractions, no annoyances from other members of the family, or even pets.
- Provide tools: paper, pencils, eraser, suitable dictionary, reference works, magazines, newspapers, etc.
- Suggest or work out a schedule or time for doing assignments.

Always keep in mind that LD CHILDREN HAVE A PROBLEM IN LEARNING BUT NOT AN INCAPACITY TO LEARN.

Words to know

- **Attention deficit.** Difficulty in focusing on or following tasks to completion.
- **Attention deficit disorder.** A term used by doctors to describe the behavioral and academic problems of learning disabled children.
- **Auditory discrimination.** Ability to hear similarities and differences in sounds.
- **Auditory memory.** Ability to remember sounds which are heard.
- **Auditory perception.** Ability to understand or organize what is heard.
- **Dyslexia.** An impairment in the ability to learn to read; generallly used when neurological problem is suspected as underlying cause.
- **Dysgraphia.** Inability to produce legible handwriting.
- **Dyscalculia.** Inability to do math.
- **Laterality.** Awareness of the two sides of one's body and the tendency to use a particular side.
- **Mixed laterality.** Child, for example, may use his right hand for eating and left hand for writing; this confusion is sometimes a sign of LD.
- **Mid-line.** Imaginary line which divides the body in half; children with mid-line problems may have trouble crossing right hand to left side.
- **Perception.** Ability of brain to understand and interpret information one gets through hearing and seeing senses.
- **Special language disability.** Difficulty in learning how to read and write.
- **Visual perception.** Ability to identify and organize what is seen.
- **Visual memory.** Ability to remember what is seen.
- **Visual motor coordination.** Ability to coordinate vision with body movements, i.e. following path of ball thrown in air, running and catching it.

For information and help

Association for Children and Adults with Learning Disabilities
ACLD, Inc.
4156 Library Road
Pittsburgh, PA 15234
(412) 341-8077/342-1515

Association of Handicapped Student Services in Post-secondary Education
P.O. Box 21192
Columbus, OH 43221
(614) 488-4972

Closer Look/Parents' Campaign for Handicapped Children and Youth
1201 16th Street NW
Washington, DC 20036
(202) 822-7900
LD Teenline toll-free number:
(800) 522-3458

Council for Exception Children (CEC)
1920 Association Drive
Reston, VA 22091-1589
(703) 620-3660

Council of Learning Disabilities (CLD)
University of Louisville
Department of Special Education
Louisville, KY 40292
(405) 325-4842

Foundation for Children with Learning Disabilities (FCLD)
99 Park Avenue
New York, NY 10016
(212) 687-7211

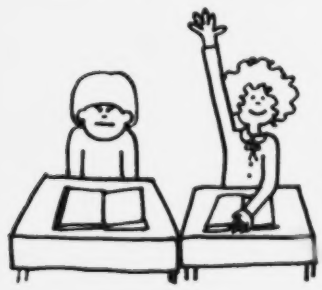
National Easter Seal Society
2023 W. Ogden Avenue
Chicago, IL 60612
(312) 243-8400

National Information Center for Handicapped Children and Youth (NICHCY)
P.O. Box 1492
Washington, DC 20013
(703) 528-8480

The Orton Dyslexia Society
724 York Road
Baltimore, MD 21204
(301) 296-0232

Psychologist's Corner: QUESTIONS PARENTS ASK ABOUT THEIR LD CHILD

by George Popper, Ph.D.



Q. My child did fine in school until the third grade. Now it seems he is learning disabled. How did this go undetected?

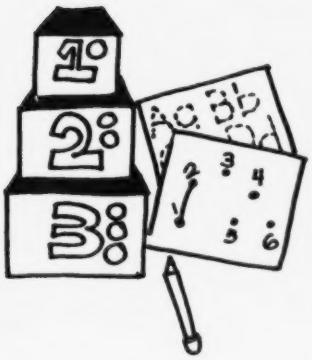
A. For one thing, teachers who sometimes have many children in their classes are not always sensitive to an LD child, especially if the child is not a behavior problem. For another, children sometimes develop alternate methods—compensatory skills—for masking the handicap. As grade levels advance, children are required to do much more reading, math, and spelling than in the earlier grades. Very possibly, an LD child in the second or third grade might have sufficient compensatory skills to get by. But by the fourth grade, the skills might simply not be enough and the disability becomes more obvious.

Q. My child's teacher mentioned "learning style." What is that?

A. Learning style refers to the various "individual" techniques that children develop to help them learn. For example, some children learn material that is presented visually; others learn material more efficiently if it is presented orally.

Q. Do you recommend special summer camps?

A. Special summer camps are nice, but the focus should be on fun, socialization, and relaxation—not academics. Unless there is some overriding need, children should be mainstreamed as much as possible and putting them in a "special" camp might perpetuate unnecessary segregation.



Q. What test can diagnose if my child is "LD?"

A. There are any number of tests that are used to determine the presence of a learning disability. There is no ONE test, however, that could do that. What is needed is an individually administered test of intelligence **and** a comprehensive educational assessment. These tests, as well as teacher observation, form the basis of a diagnosis.

Q. Will medication help my LD child concentrate on schoolwork?

A. On occasion, medication such as an amphetamine has been used to improve a child's attention span and reduce hyperactivity. Sometimes a child's learning problem is a result of a medical problem such as petit mal epilepsy or Tourette's Syndrome and, in these cases, medication is appropriate. There is no specific medication, however, for learning disability as such. The decision to use any medication should be made by a competent physician.

Q. Is LD hereditary? Can it be cured?

A. There is some evidence that LD has hereditary components, but this is not conclusive. Certain reading problems such as dyslexia are said to run in families and many studies have been done to investigate the reasons why. Like many handicaps, LD can be effectively managed although not cured. That is to say, children can be taught to overcome (compensate) their disability so that it has less impact on their lives.

Q. Are there colleges that accept LD students?

A. Many colleges will accept students who have a learning disability just as there are many colleges who accept blind, deaf, or physically handicapped students (all of whom have problems that interfere with their ability to learn). The question is whether or not the student can benefit from a college program and has developed ways of dealing with the learning disability.

Q. Will getting a tutor help?

A. A tutor who has a background in special education and who understands the unique problems that learning disabled children have could be helpful.

Q. Will my LD child be able to marry or get a job?

A. There are many successful people with LD, some of them professionals, who marry, raise families, and enjoy the kind of life that most of us want. Learning how to effectively deal with a handicap instead of having it deal with you is what makes the difference between success and failure.

Q. My LD son calls himself "retard," "weirdo," and "stupid." How can I help?

A. Unfortunately, LD is often misdiagnosed, misunderstood, and confused with other conditions such as mental retardation. Having an LD child understand the nature of the problem, helping the child to accept himself as a worthwhile individual and allowing the child to participate in the educational planning helps to reduce the possible impact of name-calling and ostracism.

QUESTIONS AND ANSWERS

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Special Parent/Special Child
Lindell Press, Inc.
P.O. Box 462
South Salem, NY 10590

Illustrations by Leah Spring

NEXT ISSUE: Home is the Learning Center (July/August); Special Feature: Choosing books for the language-delayed child

Special Parent ★Special Child

Practical pointers for parenting handicapped children

VOL. 2, NO. 4 JULY/AUGUST 1986

HOME IS THE LEARNING CENTER

In this issue learn how the everyday events that occur in your home can enrich and enhance your special child's knowledge. This does not mean you should turn your home into a schoolroom nor does it mean your child should spend the summer at his desk engaged in formal education.

Your home **is a learning center** exactly as it is. It is possible to help your special child sharpen the skills necessary for academic achievement without disrupting your normal daily routine, or purchasing any equipment or supplies. All it will take is a little bit of extra effort. Now that summer is here perhaps you have the leisure time to try some of these learning-while-doing activities.

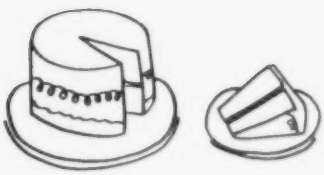
The kitchen

The kitchen is an ideal place to begin. Most families gravitate towards the kitchen—the place for not only nourishment but nurturance. The kitchen is where the sounds, smells and movements connected with food preparation can become a learning experience. The motions necessary for peeling potatoes, slicing cake, beating eggs, opening cans or pouring liquids, for example, take manual dexterity and hand-eye coordination. It might be necessary to actually mold or hold your own hand over your special child's as you go through the motions. Praise your child's efforts. The manual dexterity which is so important for your child's paper and pencil tasks at school will improve along with his self-esteem for a task well done. Even though kitchen chores will take longer at first, don't give up; your youngster should be given the opportunity to be as much help to himself or his family as his dysfunction allows.

Your kitchen is a rainbow of **color** and the natural place for your child to acquire this important concept. Describe each item in terms of its color. For instance, saying to your child "hand me the **blue** dish towel," or "go get me a **green** pepper for the salad," or "find me the **red** teakettle" sharpens your child's ability to identify and discriminate colors—and adds a new dimension to a simple chore.

Cooking has its own **vocabulary.** "Whip," "beat," "stir,"

"slice," take on new meaning when your child sees what is taking place and is encouraged to listen to you as you explain each activity in as simple terminology as possible. For example, have your child watch the blender as it whirs. Talk to him about how the blender's blades are mixing and mashing and pureeing the food. If his vision is impaired, have him feel the difference in the blender's motions.

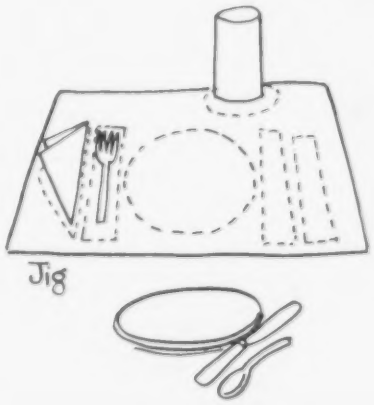


Talking is the essential ingredient. Get into the habit of talking to your child so that his attention is focused on what you and he are doing. Even if your child is unable to help at all, seat him near you in the kitchen during meal preparation. Instead of silently preparing a meal, talk to him about the "green, crunchy salad," the "red tomato," the "hot soup." His basic vocabulary will be enhanced as well as his sense of participation.

Improving your child's **listening skills (auditory perception)** can become an integral part of your normal routine. Have your child listen with you for the "ding" of the microwave or oven timer; assign him the task of listening for the whistle of the teakettle. Use your imagination; mention, for example, the crackling of bacon, the sounds corn makes as it pops, the sizzling sound of meat as it hits the pan. All the ordinary things your special child hears will take on increased importance, especially if you talk to him about them.

Think about the complicated hand-eye **(visual-motor perception)** skills that are involved in folding paper napkins in half or putting a plate in the middle of a placemat. Mold and shape your child's hand, if necessary, as he places the fork to the left of the plate and the spoon to the right. Your child is gaining practice in the left to right progression necessary for reading. Draw a simple pattern called a jig; it will help your child by showing the correct outline of the serving pieces.

Math skills can easily be incorporated into the chores you assign. Have your child count the number of people coming to the dinner table and how many cups, knives, etc. will be needed. It might be easier to have your



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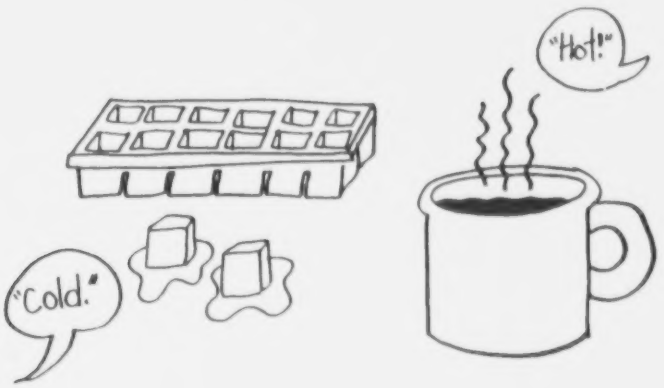


youngster sequence and count out all the knives first, then all the spoons, rather than one place setting at time. Sorting, itemizing, categorizing and counting are all arithmetic skills that can be practiced within your daily routine. As you unpack your groceries your special child can be given the opportunity to sort canned items from fresh ones, vegetables from fruit, count out the dozen eggs as they go from egg carton to refrigerator keeper, identify dairy products from non-dairy items.

Talking about items that **go together** such as bread and butter, soup and crackers, salt and pepper will sharpen your child's ability to categorize and recognize things that are the same or different. For example, if your child is able to empty the dishwasher or put away dishes from the drainer, have him put all the forks together, or stack the plates before these items are put away. Seeing them set out in front of him will help him remember the sameness in each group and how each group differs one from the other.

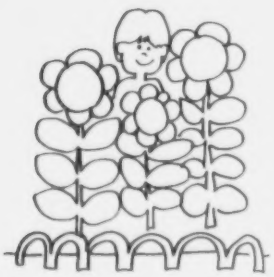
Talk to him also about what each item is used for—"a cup is to drink out of," "a knife is for cutting," etc. Often we take for granted that special children have picked up basic facts through observation; quite frequently this is not the case.

Time concepts are often very complex for special children but become more understandable if you explain that the cake that just went into the oven will take one hour to bake. Set an oven time to make this point clearer.

The ability to measure, pour, work neatly, follow steps in sequence are all valuable skills your child can learn alongside of you in your kitchen. Preparing a simple jello recipe can be enlivened with your shared observations about the color and smell, the change from a powder to a liquid, from soft to semi-solid. Basic science concepts such as liquid, hot, cold, cool, lukewarm can be made readily understandable at your kitchen sink.

Your child's **sense of taste and smell** can be heightened if you get into the habit of always commenting about the food as you prepare and serve it. Mention, for example, how the cinnamon smells as you have him sprinkle it over his oatmeal. Talk to him about the "salty" taste of the potato chips, or the sweetness of the maple syrup as he tastes it. Remember always that repetition along with a sense of shared fun will help your child learn.

Around the home



Home learning can be expanded to include other areas of the home. Perhaps your special youngster can help by sorting nails, screws, nuts and bolts into the appropriate jars or help tidy up his father's workshop. Putting tools into the tool carrier or hanging hammers and other items onto the pegboard frequently found in garages is another useful activity. It increases your child's awareness of sizes and shapes and heightens his sense of family participation as well.

Taking out the garbage or picking up papers on the lawn improves hand-eye coordination and increase your youngster's feelings of responsibility.

Summer is the best time for planting a row of beans, or perhaps just one tomato plant in a pot. Gardening teaches perserverance, order, sequence, and provides an opportunity for siblings to share in a productive activity with their special brother or sister. Raking leaves, watering plants, putting out the lawn furniture cushions, sweeping decks or front walkways increases gross motor (body) coordination. These chores can be rewarded with verbal praise, stickers in a sticker book if your child collects them, or a small allowance if he understands money values.

A summer's evening walk or drive to the local store to buy the evening newspaper or choose the ice cream for the family dessert increases responsibility, money skills and independence.

Another activity that may prove worthwhile is to ask your child to listen to the radio for the weather report. Perhaps he is able to be the family weather reporter. This will increase his listening skills, his short-term memory and his vocabulary. Put a thermometer outside a window and ask your special child to be in charge. Even if he can't read, he can be taught what the fluctuation of the temperature gauge means.

Your special child has a 24-hour day—the majority of his waking hours are spent at home and not engaged in formal education at school. With consistent encouragement and your own imagination his time at home can be eventful and productive.

Do's and Don'ts

Don't become discouraged at your child's slow pace. Of course you can get your household chores done faster and more efficiently than your special child, but the dividends for your youngster far outweigh your initial frustration. Your child's feelings of accomplishment and the independence he gains in the home setting are invaluable when those positive attitudes transfer to school achievement.

Do begin any activities at home with a skill you are sure your child already knows or has mastered. Your child will feel confident in engaging in something he can do and will be motivated to go on to the next step.

Do remember to praise your special child each step of the way. Share his every success, no matter how small with other family members so they can join in with their compliments.

Do quit while you're ahead. Remember that the activities you choose should not be artificial or forced but should be pleasurable and easily integrated into the family routine.

Parent-to-Parent

From time to time the editors would like to share with our readers news of parent support groups throughout the country that are providing outstanding service. This issue we are highlighting **Special Children's Friends, Inc.,** a Maine parent group publishing books for language-delayed children.

Special Children's Friends, Inc., a non-profit parent/professional organization, is establishing a press to publish materials for children with language delays. This includes many children who are developmentally delayed, deaf/hearing impaired, or multiply handicapped. This year we are printing a series of illustrated storybooks at affordable cost to parents, teachers and libraries. We are also producing a sample issue of a magazine for language-delayed children that will have stories, information, interviews with handicapped children, fun activities and lots of pictures.

Children with handicaps have the same need as other children for meaningful literature. In storybooks, they need characters they can identify with; in nonfiction they need information that is interesting to them. And, necessarily, their literature must be on their language level.

Like many parents and teachers, we have tried to find meaningful literature for our special needs children. While preschool storybooks are sometimes relevant in language level, many do not have appropriate content. A school-age handicapped child cannot be expected to identify with a preschool, non-handicapped character. He has lived longer and worked harder for his achievements. And while the non-handicapped preschooler has probably had many successful experiences, a delayed older child may have had many frustrations in his lifetime.

In order to develop their language and/or reading skills, all children need storybooks that have understandable words and phrases, yet are interesting enough to read and reread. Like other children, ours need informational material that challenges them to learn more of the world and of themselves.

Most importantly, our handicapped children need to know they are not alone. We see a need for easy-language literature that portrays handicapped children as unique persons with very real challenges in their lives. These experiences of empathizing with characters and of being inspired are an important part of good literature for all of us. Books in which handicapped children are portrayed realistically and positively are also needed by non-handicapped children.

In our educational programs for multiply handicapped children, we began writing stories from the students' own lives and in familiar words. They received a warm welcome, and later evolved into the storybooks we are now publishing. Two storybooks portraying handicapped children have been chosen for illustration; a third is underway. One has key words captioned in sign language. They have been endorsed by parent and professional organizations and by many special needs children.

For more information, please contact:

Special Children's Friend, Inc.
RD 1, Box 84
Surry, ME 04684
(207) 667-8331

ABOUT THE AUTHORS

Linda Murphy, M.S., is the founder and for the past 15 years has been the director of a widely known, approved school for mentally handicapped children serving children ages 5-21 in Westchester County, NY, and surrounding areas. A lecturer, teacher and administrator, she is a foster parent and the parent of a handicapped child, too.

Suzanne Della Corte, M.S., for 15 years co-director of the school, is responsible for curricula, staff development and supervision. She is author of numerous research projects in the field and has edited psychology textbooks for a leading New York publisher.

Grooming for the special child

by Shirley Flannery

The home is a good place to get your child started on life-long good grooming habits. Here are some hints on how to accomplish this from a licensed cosmetologist who is the parent of a special child.

Good grooming for the special child or the special young adult is a very important part of eventually being able to take care of one's own personal needs. Getting your special child into good grooming habits is a long and tiring job, but well worth the effort.

Taking a shower or bath is usually not one of the problem areas of grooming. Most of the children master this in a short time. Some of the other grooming needs, however, are harder to achieve.

Hair care. The first important step to good hair care is a good shampoo. Hair should be washed as frequently as necessary, depending on how quickly the hair and scalp accumulate dirt and oil. Finding the right shampoo first is helpful:

Normal hair-A good basic shampoo is a must

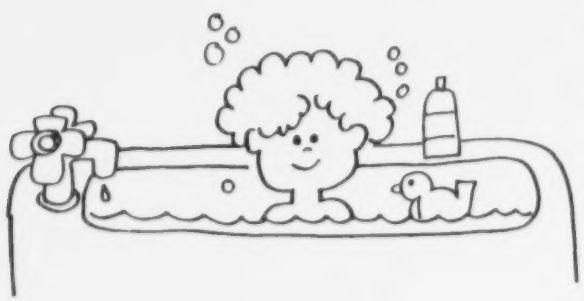
Dandruff-Ask your pharmacist to recommend a good dandruff shampoo

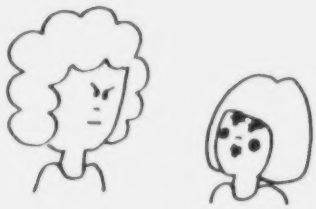
Oily-Wash more often or use a shampoo made for oily hair

Once water and shampoo have been applied to the hair, start scrubbing the hair with the fingertips, especially the hairline. Never scrub with the fingernails. This is one of the basic ways of washing hair.

There is another method I think is much easier for your child to learn: with this method your youngster will not miss any part of his hair. First, put water and shampoo on the hair, then take a **regular hair brush** and brush through the hair on all sides. Once this is done, start rinsing the hair and scrubbing with the fingertips or hairbrush to ensure all the soap is out. This procedure is great because the hair and scalp are cleansed in one simple step. Your child can then rinse out the brush and have a clean brush for the week as well! After shampooing, apply a little cream rinse or hair conditioner and rinse well. This gives hair a shine and makes it easier to comb through and style.

Here's another hint for parents who would like to go one step further with good hair grooming. Many special children have very straight, lanky hair. I suggest a loose perm that your youngster can learn to fluff up with her own fingertips after washing. Having a short and curly perm can be maintained so easily by the child. It also looks great and it will give your child a stylish look like





everybody else. Boys, too, can have a perm, followed by a regular boys' hair cut. It's important to check with your doctor first to make sure there are no health problems connected with your child's hair or scalp.

Choosing a beauty shop. It is a good idea to patronize the shop yourself. You can then start your child out with just a haircut in the shop to see if he has the ability to sit long enough for a perm. Your hairdresser will know right away if your child is a good candidate for a shop perm.

Nail care. Trim nails and file with an emery board. The trimming should be done by a parent. The child can practice filing with an emery board with your help. Once a week check to see if nails need care. Let your youngster practice often with the emery board. Trimming with clippers comes much later since it is a harder skill to master. Have your child hold onto your hand as you use the clippers until he becomes more skilled.

Cosmetics. The teenager who wants to use makeup should start out sparingly. A little blush powder on the cheeks and a little light-colored lipstick is fine; more than this should be supervised by a parent. Face washing is very important. After a thorough cleansing with a mild soap, face or hand cream can be applied to keep the skin soft, smooth and moist. For those who have acne, use the same cleansing procedure but use an acne cream afterwards. Keep telling your special youngster not to touch the affected areas and never squeeze because this spreads infection. For severe acne cases consult a skin doctor.

For boys who are starting to shave, I suggest an electric shaver as it is safer for beginners to use. A little hand lotion can be applied for those who have a tendency toward dry skin. Aftershave lotion is nice for special occasions.

Parents. Your child will catch on faster if you try to make these tasks fun. Buy your special youngster special shampoo, write his name on the bottle or dress it up with funny stickers. Make up a little tray with manicure things (no clippers), offer to polish your daughter's nails with clear polish if she practices with an emery board, etc. Treat her to a bottle of perfume.

Questions readers ask about their learning disabled child

There have been so many reader inquiries about learning disabled children (May/June issue) that we have asked psychologist George Popper, Ph. D., to respond.

Q. Do you have any suggestions for the LD adult? My son, age 25, is learning disabled and has mild cerebral palsy. He has a steady job but he lives at home with us. He is very shy, has few friends and doesn't go out much. Is there somebody to help him?

A. You mentioned that your son has cerebral palsy along with LD. Perhaps there is a United Cerebral Palsy (UCP) or Easter Seal Society agency in your area. Contact the social worker for advice. Also

look in your telephone directory for a local chapter of the Association of Children with Learning Disabilities. Very often the ACLD has a young adult group that sponsors social events, dances, outings and even "rap sessions" where LD adults discuss their mutual concerns. Sometimes these agencies sponsor supervised apartments and community residences. With professional guidance on money management, menu planning, shopping and travel, perhaps your son could learn to live independently.

Here is a list of organizations that provide information on where to find help for LD adults.

ACLD, Inc.
4156 Library Road
Pittsburgh, PA 15234
(412) 341-1515

AFL-CIO Human Resources
Development Institute
815 16th Street N.W.
Room 405
Washington, DC 20006
(202) 638-3912

Association of Handicapped
Student Services in
Post-secondary Education
P.O. Box 21192
Columbus, OH 43221
(614) 488-4972

Time Out to Enjoy, Inc.
715 Lake Street Suite 100
Oak Park, IL 60301
(312) 383-9017

In addition, a booklet called "Supervising Adults with Learning Disabilities" is available free of charge. Order from: The President's Committee on Employment of the Handicapped, Washington, DC 20036.

Q. If my child tests out as having a normal IQ how can he be called "learning disabled?"

A. A learning disability is often thought of as the difference between the child's level of intelligence and where he "should" be academically (the actual level of academic attainment). Thus, an eight-year-old child should presumably be functioning on a third grade level, assuming average intelligence. If he is functioning on a first grade level, then one might attribute this discrepancy to a learning disability.

Q. Do you recommend private school for LD children?

A. There are excellent programs in the public sector as well as the private sector just as there are poor programs in both. Much depends on the availability of a trained, dedicated staff and a commitment on the part of the school to educate the children under their care. At present, there are efforts underway to mainstream as many children as possible. This is not always possible, however, and there are many children in need of special services for whom public education has no program. Parental education and awareness is essential in finding the best possible program for your child.

Q. Should my LD child get a driver's license?

A. There is no reason why an LD child who can be taught to drive safely should not have a driver's license and drive a car. The criteria here are safety and responsibility.

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Special Parent ★Special Child

Practical pointers for parenting handicapped children

VOL. 2, NO. 5 SEPTEMBER/OCTOBER 1986

BEHAVIOR MODIFICATION IN THE HOME

In this issue you will be given pointers on how to change or modify your special child's problem behaviors, especially those that interfere with family life.

Does your special child have frequent temper tantrums? Does he scream, yell, insist on getting his own way NOW? Are his behaviors so undesirable that you cringe at the thought of taking him out, even to the supermarket? Or perhaps your child is a negativistic youngster, reacting with a NO to everything in his environment. Is his constant whining and refusal to conform to family rules a threat to everyone else's well being?

THESE AND OTHER PROBLEMS ARE NOT CONFINED TO SPECIAL CHILDREN! Problem behaviors can crop up in any child—special or not—and at any age. To ease this situation, parents and professionals have come up with a common sense approach called "behavior modification" which when used correctly will help parents deal with their child's troublesome behaviors.

What is behavior modification?

Is it bribery? Simply stated, behavior modification is the technique that changes a child's undesirable behavior through the use of **positive or negative reinforcers.** This is often described as "Grandma's Law," which states: "If you eat your vegetables, you'll get dessert."

What are reinforcers? Parents have known for years that rewarding their child with something tangible (a dollar for mowing the lawn, ice cream for dessert if the spinach is downed) often works wonders in obtaining the desired behavior. This type of **reward** is called a **positive reinforcer.** Hugs, kisses and verbal praise are other types of positive reinforcers. Chances are if you consistently reward your child for day-to-day appropriate behaviors (such as getting up on time, hanging up his jacket, etc.), your child will be more likely to repeat these and other desirable behaviors as well. Suppose, for example, Johnny never puts his toys away, causing havoc in the house—especially with his siblings. If you praise Johnny and make a fuss over him if he even puts one toy away, it is probable that he

MORE ON BEHAVIOR

Companions to this issue on Behavior Modification in the Home are:

Vol. 1 No. 1 — Behavior, Part I

- Step-by-step on how to set up a fair, effective discipline system for your special child
- How to avoid the pitfalls of being too strict or too lenient
- Special Feature — paying attention to siblings, "The Other Child"

Vol. 1 No. 2 — Behavior, Part II

- Eating habits — make mealtime more pleasurable for the entire family
- Bedtime — solving sleep problems
- Public behavior — how to avoid those embarrassing tantrums at the store
- Special Feature — facing guilt and denial, "Why Me?"

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will get into the habit of putting all his toys away. Some parents find it helpful to mold or shape the desired behavior by holding their special child's hand in their own and going through the motions, verbally complimenting their child for his "helpful grownup behavior," at the same time.

Just praising your child once or helping him go through the motions once is not enough. To really teach your child (or modify the behavior) you will have to remember to **reinforce** (reward) the appropriate activity each time, at least at the outset. The difficulty most parents face is in remembering to take notice of their child's desirable behavior when it occurs, and to continue to reward their child afterwards.

Once your Johnny has learned to put his toys away, don't take his newly-acquired good behavior for granted. If you continue with positive reinforcers, chances are Johnny will continue performing the desired behavior. Many things can serve as a positive reinforcement (reward).

. . . A smile, a kiss or a hug

. . . Verbal praise, especially in front of others

. . . A candy treat, or food tidbit, if there is excellent behavior

. . . A small toy

. . . Money—if your child understands money values

. . . A star or a sticker.

Is it punishment? It's always best to take the most positive approach possible. However, the other side of the coin is known as **negative reinforcement**—what Grandma would call a **threat or a punishment.** Sometimes offering a reward or using a positive approach is not going to be feasible. All parents know that a spanking can be very effective because it immediately squelches the undesirable behavior. The drawback with this type of negative reinforcer (punishment) is that while it suppresses the bad behavior, it does not offer the child a useful alternative.

Other forms of negative reinforcers are: taking away privileges; reducing allowances; removing the child from the situation (Grandma stood her misbehaving youngster in the corner).

Using negative reinforcers allows your child to understand clearly your disapproval about his misbehaviors; they also prove to him that failure to behave leads to undesirable consequences.

Though it's best to avoid negative reinforcers, when this is not possible these guidelines should be considered:

1. Nip the bad behavior in the bud. Time it so that the punishment occurs early in the misbehavior. Prevent over reactions—don't wait until you lose your temper after your child has been tantruming for an hour.

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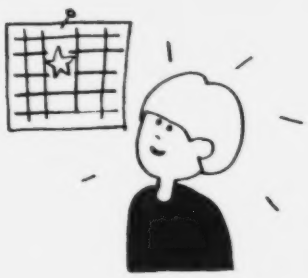
2. Make the negative reinforcer intense enough so that the bad behavior is immediately stopped.

3. Avoid embarrassing your child in front of others. If necessary, remove your child from the scene.

4. Combine the punishment with a clear, short, simple explanation of what your child has done and your reason for punishing him.

5. **Be consistent.** Don't punish the misbehavior one day and then ignore it the next. Your child will learn that misbehavior results in consequences only if a consequence does, in fact, follow the misbehavior.

Changing behavior



Before you can attempt to change your child's behavior it is vital to get into the habit of carefully observing exactly what it is your child does. Professionals call this activity **collecting data.**

Frequently, parents are embarrassed by their special child's problem behaviors and tend to overlook and excuse them. Often it's hard to figure out what the most annoying behaviors are, especially if the child, like so many others, has a repertoire of overlapping, escalating problems. However, before you can begin any kind of program that modifies behavior you must:

. . . Spend a day or two simply observing your child

. . . Pick out the behaviors that trouble you and your family the most

. . . Mark them down

. . . Try to write down events that occured before the onset of the problem behavior

. . . Select one or two (no more than three) behaviors to work on; any more than that will be overwhelming

. . . Be prepared to work on these two or three areas for some length of time.

The following case histories illustrate two types of troubling behaviors and how to remedy them using the principles of behavior modification.

Modifying negative behavior

Sharon, age 9, seems to have a one word vocabulary—NO. It appears to have worsened as she has gotten older and now, along with the no's are outright refusals to obey or comply with household rules. Putting away her belongings, going to bed on time, mealtime behaviors are major battles. The family finds Sharon's behavior at the dinner table most upsetting. Sharon pushes away her milk, refusing to touch the glass. Her mother has to cajole her for the entire dinner hour and no matter how many times she is asked to take a sip Sharon whines and refuses. Shouting at her makes it worse.

Let's examine Sharon's behavior carefully. By **not** drinking her milk Sharon has managed to control and rivet the entire family's attention. For some special children this is the only way they seem to be able to get anyone's undivided attention. Being screamed at or even spanked is not too big a price to pay. And by paying attention to Sharon only when she refuses to cooperate,

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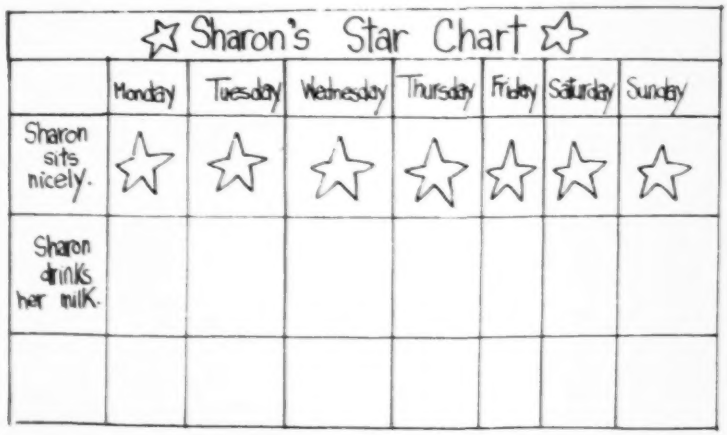
the entire family has unwittingly reinforced her negative behaviors!

In order to change this troublesome pattern, first it will be necessary to observe Sharon. During the observation period make it a point not to comment or interfere. Decide that for the time being you are going to ignore Sharon's negative behaviors. Precisely at the same time you are ignoring Sharon's negativeness, you and the family will try to find some behavior, no matter how insignificant, where Sharon complies willingly. Suppose, for example, Sharon sits on her chair at the table nicely. When you ask Sharon to "come, sit at the table," something you know she does readily, compliment her. Reinforce her with verbal praise, a smile, pat or hug. Put a star or a sticker on a "Star Chart" pinned up where the entire family can mention her "good sitting." Always begin with a situation where Sharon is known to cooperate. By deliberately beginning where Sharon succeeds readily, by paying positive attention to her good behavior (and ignoring her when she is not), Sharon will soon get the idea that she gets lots of attention when she cooperates. Work slowly up to the problem areas.

Explain to Sharon that if she earns a week of stars, she will be rewarded with a very special treat (a toy, a trip to McDonald's, an outing).

This is not considered bribery—you are are **retraining** Sharon to understand that cooperative behavior is rewarded. If Sharon does not get the agreed upon stars, do not mention it, just remind Sharon that there will be no special treat. Once Sharon has gotten into the habit of drinking her milk, select another troubling behavior to add on to the star chart.



Modifying temper tantrums

Bobby is 10. His frequent temper tantrums have embarrassed his family for a long time. In the supermarket, for instance, Bobby will scream and rage for an hour until his harassed mother buys him gum or candy "to calm him down." Rewarding Bobby's screams with a treat, however, teaches Bobby that tantrum behavior is the best way to get what he wants. His family is concerned that as Bobby gets older, the tantrums will become even more serious.

Time out

The most effective way of handling the tantrum-prone child of any age is to make sure he receives no reinforcements for having them! Assuming that many things in the environment are reinforcing to a child like Bobby, then removing Bobby from the environment will diminish or reduce the frequency of his temper tantrums. Behavior modification techniques based on this assumption are called "time out from positive reinforcement."

Time out involves removing Bobby from all reinforcers and would be equivalent to having a child "stand in the corner" or "go to his room," in the usual household setting. Let's examine the best way to use time out with Bobby. It's important to stay as calm and collected as possible. Avoid yelling or threatening Bobby, because for some children anger is also undivided attention, and thus usually reinforces the tantrum behavior.

Remove Bobby from the store without undue fuss. Be consistent, although this will be difficult and may require leaving the supermarket with a screaming Bobby in tow. It may even be necessary to remove Bobby a dozen or more times before it sinks in that tantruming is not getting Bobby what he wants. Once you leave the market, don't take Bobby for an ice cream; take Bobby home and send him to a prearranged time out area where there are no positive reinforcers (such as toys or TV). Although most parents find this very difficult, ignore Bobby when he is in time out. Most likely, Bobby will

scream and tantrum louder and louder in an effort to gain your attention. This is to be expected, but if Bobby is ignored consistently, he will eventually tire of testing you. Pay attention to Bobby only when he quiets down. Remove him from time out only after he has quieted down.

This sequence of events is known as **extinction** and it's helpful to know that this technique produces an **increase** in the screaming prior to the **decrease.** Your calm, consistent approach is very important. Gradually, Bobby will understand that his tantrums no longer have the desired effect. It's important to always seek out ways to reward Bobby when he does behave. Take Bobby to the supermarket on a very short errand. Program Bobby for success; get his eye contact, reassure him that all is well. Praise him for not screaming; quietly complete the errand. Now is the time to take Bobby out for that ice cream as an added positive reinforcer. Start a star chart for supermarket behavior or other problem behaviors. And always compliment Bobby during those activities when he behaves (does not tantrum). To paraphrase the adage: try as much as possible to accentuate the positive, ignore the negative!

Do's and Don'ts

Do remember to explain the behavior mod method to the entire family so that everyone's approach is the same. Your special child has a sixth sense about who will capitulate to his misbehaviors, so be sure everyone understands what is going on. Siblings also must understand that this method is not just special treatment.

Do be consistent. Don't give in one time and not the next. Your child will continue to test you if you do not react to him the same way each time he misbehaves.

Don't get discouraged. Behavior changes slowly with many backslides along the way. Your special child will eventually react positively to your consistent handling.

Don't feel guilty. This method focuses on your ability to remain calm and unthreatened. Parents who have successfully used behavior modification point out that it enables them to get across to their special child that they love him but his misbehaviors will not be tolerated.

Do have reasonable expectations. Set reasonable goals. Don't expect the short-fused tantrum child to withstand hectic scheduling. Keep things short and simple.

Don't make idle threats. Don't threaten your child with consequences that are impossible to carry out. This only encourages him to keep on misbehaving.

Don't work on too many behaviors at once. Remember always to observe before you act. Choose the one or two behaviors that annoy the family the most.

Don't take good behavior for granted. Remember, praising or acknowledging your special child's positive behavior, even when it seems to have become a habit, will encourage him to continue.

The editors ask

The case histories in this issue only illustrate the behavior modification method. If you have any problems at home using the method, please let us know. Write to us about any specific problem you have in dealing with your special child's behavior. Our staff will be glad to help you set up a behavior mod program tailored to your needs.

AND . . . an upcoming issue of Special Parent/Special Child will focus on "getting older." We'd like to know if you have any specific concerns about your special child as he gets older. Perhaps it's "aging-out" or community residences? Sheltered workshops or competitive employment? Dating? Guardianship? Or perhaps you or your community have found some unique solutions that could be of vital interest to our readers.

We invite inquiries or hints from our readers. If you have a question, a problem or comment about any aspect of parenting special children, write to:

Special Parent/Special Child
Lindell Press, Inc.
P. O. Box 462
South Salem, NY 10590

Psychologist's Corner: TOILET TRAINING YOUR CHILD

by George Popper, Ph. D.

For the most part, toilet training is a process that happens pretty much on its own—like walking or learning to talk. To a large extent, these are "developmental skills" which, as the name implies, develop more or less automatically as one gets older. Before a child can learn how to become toilet trained, he must be **physically able** to control the muscles of elimination. The average age for most children is about 22 months, although some children learn sooner, while others take a bit longer.

One of the first accomplishments in an infant's socialization is becoming toilet trained. As in other areas of socialization, it is usually the parent-child relationship that determines success or failure. If the relationship is a loving, caring one, then the likelihood of success is good.

Not surprisingly, special children need special considerations. Taking these considerations into account, here then are some guidelines that have been the most effective.

1. First of all, relax. If you're tense, your child will be tense and learning will be very difficult.

2. **Wait until your child is ready to be trained.** Trying to teach a child who is **too young** is both a waste of time and harmful. Between 18 and 24 months is about when training should start but there is no hard and fast rule about this.

3. Accidents in the beginning are inevitable and you should expect them. Becoming angry when your child wets or soils doesn't make your child learn faster and probably does more harm than good.

4. Try using a systematic approach. That doesn't mean being overly strict or punitive, but it does mean being consistent.

5. A systematic program relies on reinforcements and accurate observations.

6. Assuming your child is old enough and has no severe physical limitations that would significantly interfere with toilet training, you would begin by frequently checking your child to see when elimination occurs. **Note** the times or the approximate times.

7. About ten minutes or so before your child eliminates (based on your records), place him on the potty. Using a potty in the beginning might reduce the problem of a child who is scared by the height or size of a toilet.

8. If your child uses the toilet, praise the child liberally for a job well done. You may have to leave your child on the toilet for a while, but no more than 15 minutes.

9. Before bedtime and in the morning especially after breakfast are often the best starting points.

10. Be consistent but avoid rigid scheduling. If the times you originally used don't work, then change them accordingly.

11. Be patient. It does take a bit of time, but if done properly it shouldn't take too long.

12. If there's a real problem, don't become discouraged or angry. Some children are very difficult to train and it doesn't mean you're not a good parent if you don't succeed right away.

Bedwetting and problems at night are somewhat different from toilet training. Look for articles on these subjects in future issues.

For more information readers might wish to consult **Toilet Training in Less Than A Day,** by Nathan Azrin and Richard M. Fox (Pocket Books, 1981).

Star Chart for _____

Behaviors	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Behaviors	Mon	Tue	Wed	Thu	Fri	Sat	Sun

PRACTICAL POINTERS

1. Fully explain the chart to your child in simple, understandable language.

2. Select one or two behaviors to begin with; if a child has to deal with too many behavior changes, he may become overwhelmed and nothing will be accomplished.

3. Choose realistic time frames. For example, if the behavior is one that occurs numerous times throughout the day, it may be necessary to have daily charts with a reward for success at the end of each day and a more substantial reward if the positive behavior is reflected for a number of days, usually three to five. On the other hand, if the behavior usually occurs only once a day (e.g., taking a bath), set your goals accordingly. Do not make the attainment of the reward so far into the future (i.e., five days may seem like a lifetime to some youngsters) that it looms as an impossible achievement for your child.

4. Do not take away stars or stickers for negative behavior or non-behavior. Reward positive behavior immediately.

5. Initially, there may be a period of time when the behavior worsens or your child tests you to see your reaction. A simple statement such as "Well, you'll have to work harder to get those stars," as opposed to a negative remark may be enough motivation for your child to try harder.

ABOUT SPECIAL PARENT/ SPECIAL CHILD:

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Special Parent ★Special Child

Practical pointers for parenting handicapped children

VOL. 2, NO. 6 NOVEMBER/DECEMBER 1986

NUTRITION

The foods we eat can affect the way we behave and learn. Good nutrition is important for your special child. Learn how to prepare nutritious meals for kids who won't eat or who eat the wrong things, how to sneak nutrition into favorite foods and what foods to avoid.

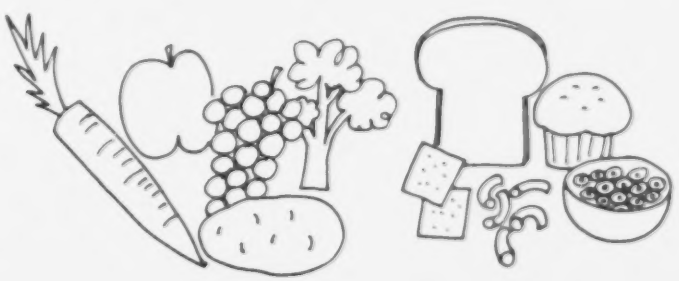
The giving of food is one of the primary, nurturing bonds between mother and child. All mothers are concerned with meeting the nutritional needs of their families and doing so in a way that will provide closeness and warmth as well.

Ideally the family table is the place to gather, exchange ideas and share tasty foods that the entire family enjoys. How to accomplish this is often a challenge considering the thousands of foods and food products available in today's supermarkets.

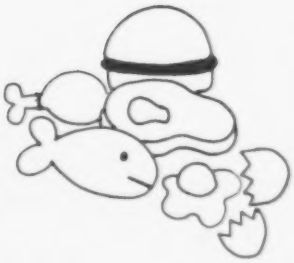
What is nutrition?

Too often, nutrition is equated with dull, diet food. This is simply not the case. Foods that are classified as good to eat and that promote energetic activity and well-being are considered nutritious. According to the United States Department of Agriculture (USDA) the dietary goals and the **criteria for good nutrition are:**

- eat a variety of food
- maintain an ideal weight
- avoid foods high in fat, saturated fat and cholesterol (i.e. butter, cream, sausage, commercially baked products)
- eat foods with adequate starch and fiber
- avoid too much sugar
- avoid too much salt (sodium)



Menu planning



ABOUT THE AUTHORS

Linda Murphy, M.S., is the founder and for the past 15 years has been the director of a widely known, approved school for mentally handicapped children serving children ages 5-21 in Westchester County, NY, and surrounding areas. A lecturer, teacher and administrator, she is a foster parent and the parent of a handicapped child, too.

Suzanne Della Corte, M.S., for 15 years co-director of the school, is responsible for curricula, staff development and supervision. She is author of numerous research projects in the field and has edited psychology textbooks for a leading New York publisher.

Preparing a variety of nutritious meals for your family is made easier if your selections are chosen from the BASIC FOUR FOOD PLAN. These are:

I. Meat Products or Meat Substitutes

Servings: 2 or more daily

- lean meat (visible fat removed), poultry, fish, legumes (dried beans and peas), peanut butter, eggs (no more than 3 per week)

II. Milk Products

Servings: 3 cups for children and adults daily; 4 cups for teenagers

- whole or skim milk; yogurt, cottage cheese or ice cream can be substituted

III. Fruits and Vegetables

Servings: 3 or more daily

- dark green leafy vegetables, broccoli, cabbage, potatoes, carrots, winter squash, bananas, apples, grapes, berries, melons, etc.; one serving daily of citrus fruit or juice (orange, grapefruit) is required

IV. Grains

Servings: 4 or more daily

- whole grain or enriched bread, cereal, macaroni, rice, brown rice, bulgur wheat

The recommended servings of these foods, when taken on a daily basis, will provide your special youngster with the calories necessary for proper growth and for the energy to engage in physical and mental activities.

All foods are measured in calories. Weight gains occur more readily if more food is consumed than can be used up. Placid babies, for instance, gain more weight on the same caloric intake than their more active counterparts. When planning menus, take into account the type of activities your special child engages in. If he participates in strenuous sports he will need quantities of nourishing food.

If your youngster is sedentary, he will need less calories (but not less than the minimum recommended servings).

Making mealtime pleasant

The cleverest cook cannot create an enjoyable meal, one eaten with gusto, in stressful surroundings. Keep family mealtimes as tension free as possible. This is **not** the time to argue about school work, behavior, chores or engage in marital conflict.

Your dining area should be as attractive as possible. Using inexpensive placemats or a centerpiece of fresh fruit on the table, for example, tells the family that something nice goes on here.

Avoid loud music and TV during meals. Try to make dinner a time when the family can share the day's events as well as food.

Vary the menu. For example, substitute turkey pieces for the roast (it's less fatty, too). Make chili out of the usual hamburger. Dress up the ordinary menu items with extra touches. Fresh sliced peaches can turn oatmeal into a festive dish. Chopped parsley sprinkled over plain boiled noodles is not only pretty to look

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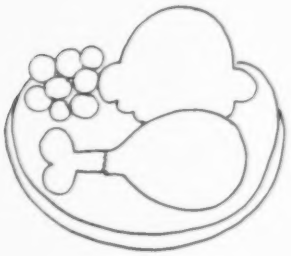

at, but adds a hefty dollop of vitamins A, B, C and iron, too.

Avoid the color blahs. Think in terms of color as you prepare the food. Mashed potatoes, cauliflower and white meat of chicken, for example, may be well balanced but the combination looks unappetizing. Sprinkle parsley on the chicken, paprika over the cauliflower and substitute a colorful vegetable such as sweet potato for the mashed.

Texture is important. Soft, boiled foods and purees may be nutritionally sound but are boring when served day in and day out. Vary your special child's plate with crunchy, raw vegetables. Tempt his palate with crisp broiled meat along with soft food. Whenever a new food or a new texture is introduced, **keep portions small.**

Motivating the poor eater

Frequently, special children develop poor eating habits. Perhaps as an infant your special youngster had difficulty in sucking or swallowing. Or perhaps his dietary needs are fewer than his siblings. Whatever the reason, the less fuss you make, the better. Forcing the child with the bird-like appetite will make mealtimes unpleasant for the entire family. And most special children will soon learn that they can rivet the entire family's attention by refusing to eat, or by inappropriate mealtime behaviors.

One way of avoiding mealtime conflict is to engage your special child's attention before the family gathers. Allow him to help as much as possible in meal preparation. Remember to include your special child when you plan menus. Ask him to name some of his favorite foods. Take him with you to the supermarket, if this is feasible, and encourage him to select some food items that either he or others enjoy. Praise your special youngster in front of the family for his "cooking help" or his "menu planning" so that he will have some positive associations about food.

Begin meals by placing minute portions of food on your poor eater's plate. If he eats, compliment him on his good appetite and ask him if he wants more. If not, make no comment. Don't force foods if you know he dislikes them. Instead, try putting eyedropper-size portions of new or disliked foods on your child's plate. Ignore him if he fusses, but compliment him with verbal praise or stickers for "tasting." Give him a "taster's choice" award for being grown up about tasting the food. Dessert should be served only to those who have either finished the meal or "tasted" the required amounts on the grounds that if they were too full to eat the meat and vegetables, then they were surely too full to consume the brownies!

Don't fall into the habit of cooking a different menu for your special youngster. Frequently, parents of special children indulge their child's food whims, no matter how extreme, because they feel limited in ways of showing love. Although well intentioned, this is non-productive and makes your special child the object of too much inappropriate attention.

You can, however, include with reasonable frequency your special child's favorite foods as long as this conforms to the regular family menu.

Between meal snacks

Very often the "poor" or "picky" eater has different eating habits than the rest of the family. Observe your special child carefully. Does he, for example, eat minute quantities of food all day long so that he is never really hungry at mealtime? Although there is nothing nutritionally unsound with eating small amounts of food (as long as the food comes from the Basic Four Food Plan), it is probably true that all-day-snacking interferes with the family's lifestyle. **Limit before-meal snacking** so that no food or liquid is consumed at least one hour before meals.

Most importantly, snack foods should **never** include candies, cakes, cookies, packaged desserts or sugar-laden food of any kind. These are filled with what is known as **empty calories.** Although foods high in sugar produce a quick energy lift, it is followed by a quick letdown and, often, increased sugar cravings. There are **no** sound body building nutrients in sugar. High-sugar foods are prone to cause tooth decay and rob your child of his appetite for more nourishing foods. Current studies indicate that sugar consumption is related to increased hyperactivity in sensitive children.

Read labels on packaged or canned items carefully. Sugar as a prime ingredient can also be listed as: corn syrup, dextrose, glucose, corn sugar or sucrose. Honey is no more nourishing than refined (white) sugar and brown sugar is simply sugar with caramel coloring added.

Nutritious snacks

Try these nutritious snacks in place of high-sugar foods. Remember that snacks should never replace a meal.

- popcorn (homemade, limit butter and salt)
- saltines or graham crackers
- breadsticks
- raw vegetables (keep a bowl of carrot, celery or pepper slices handy in the refrigerator at all times)
- fresh fruit (especially sliced or cut up)
- dried fruit (e.g. apricots)
- peanut butter
- yogurt (low-calorie varieties)
- low-fat cream cheese and yogurt or cottage cheese whipped together with herbs as a tasty dip
- raisins
- nuts, dry roasted (no fat), unsalted, especially peanuts in the shell
- pure fruit juice (check labels—many "fruit drinks" are mostly sugar)
- toasted bagels, English muffins or pita bread with small servings of cream cheese or peanut butter

Foods to avoid . . . and why

It's best to avoid foods filled with **additives and food colorants.** Food colorings are used to increase the attractiveness of foods that have little nutritional value such as candy, gum, soft drinks, diet drinks, gelatin desserts and fruit drinks not made from pure fruit juice. There is evidence that some children are sensitive to food colorants and/or artificial flavorings; these substances increase hyperactive reactions in susceptible children.

Foods that are high in saturated fats should be limited. Fatty foods are not only harder to digest, they are the prime suspect in causing high cholesterol levels, clogged arteries and heart disease. Fatty diets are linked to some forms of cancer. "Fatty" foods include butter, butter-rich cheeses, lard, pastries, visible fat around meat, some salad dressings, luncheon meats such as ham, bologna, salami. Even some vegetable fats—namely palm oil and coconut oil—have been found to raise cholesterol to unhealthy levels. These oils are found in a surprising number of foods: crackers, cereals, baked items, cookies, granola-type bars, many margarines.

Salty foods (chips, pretzels, luncheon meats) are suspected of leading to high blood pressure and stroke-related disorders.

Most processed and packaged foods—canned fruits, soups, pickles, ketchups, sauces, spaghetti sauces, soups and cereals are high in salt and sugar (in the form of sugar by-products such as corn syrup).

Read labels and check the listed ingredients for these items. There are so many other healthier foods for you to choose from that will increase the well-being of you and your special child.

The overweight child

Many special children are prone to eat more than they require. Often the special youngster lacks the social skills or physical coordination to play as vigorously as others his own age.

Children who participate in active play generally use up the calories consumed in their food and are able to maintain ideal weights. Many parents of special children, however, complain that their youngsters' only diversion is to watch TV. Sedentary habits, coupled with overeating, can lead to a lifetime of overweight.

Rule out a medical problem. If your child is underweight, overweight or even if his weight fluctuates, it is best to consult your child's pediatrician. Rule out any medical problems and check with the doctor or nurse-nutritionist before you limit your special child's food intake.

Helping your overweight child. Don't expect to change your special child's weight overnight, but if you follow these practical pointers, you will be able to help your youngster reach and maintain a healthier weight.

- Don't use food as a reward.
- Don't withhold food as a punishment.
- Don't bribe your special child with sweets in order for him to behave.
- Don't ridicule or embarrass your special child about his weight, especially in front of others. Taunting him will lower his self-esteem even more and chances are he will head for the refrigerator.
- Don't use food as a pacifier.
- Learn what average size portions look like; the recommended serving of meat, for example, is a four-ounce hamburger.
- Don't keep high-calorie, sugar-laden foods in the house; this only encourages illicit forays.
- Add complex carbohydrates to the menu. Starchy, high-fiber foods such as a plain baked potato (with yogurt and herb topping), pasta (with a fresh tomato

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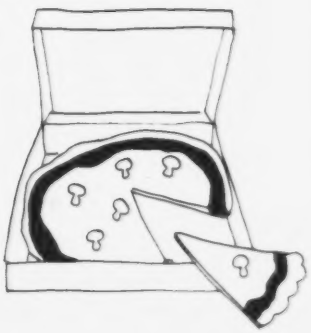
and vegetable sauce) or whole grain breads (without butter) have fewer calories than meat, less fat and stave off hunger pains because they are so filling.

- Substitute turkey, chicken or fish for red meat.
- Don't insist your child clean his plate or regale him with tales of "poor, starving children" elsewhere.
- Set a good example yourself.
- Substitute a brisk walk together rather than passive TV watching.

Ask yourself if your special child overeats in times of stress or loneliness. This is often the case with special children because they have far fewer outlets than the average population. With this in mind try these alternatives:

- Limit sedentary TV time and other passive habits.
- Encourage your special child to join the Y, or join an after school recreation program geared to his needs.
- Get involved in Special Olympics.
- Exercise together to a simple aerobic record.
- Try a mini-trampoline or stationary bicycle (follow manufacturer's instructions).
- Concentrate on a new hairdo and good grooming so that your special child develops a positive self-image.

How to sneak nutrition into favorite foods

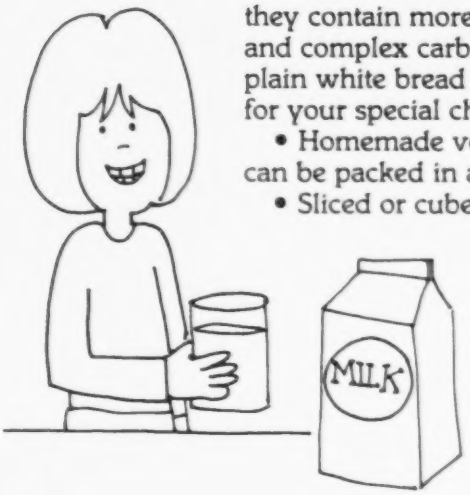


Although many special children are noted for rejecting unfamiliar foods, it is possible to sneak nutrition into favorite foods without affecting taste or flavor. Sprinkle wheat germ over breakfast cereals for added fiber and protein. Add a tablespoon of whole bran to each hamburger patty before broiling for added fiber. Substitute oatmeal for bread crumbs in your regular meat loaf recipe. Vitamin and fiber-rich celery, carrots and apples are delicious grated or minced into salads. Minced or grated carrots can be added to spaghetti sauce for added Vitamin A. Dissolve protein and calcium-rich parmesan cheese into a bubbling pot of spaghetti sauce. Finely minced onions, celery and carrots roasted along with chicken or meat will dissolve into the pan juices. Skim off fat and serve as a gravy. Cook breakfast cereals with whole or skim milk instead of water. Prepare pancakes with one cup of cottage cheese instead of liquid. Blend low-fat vanilla flavored yogurt into fruit juice for a delicious "shake." Blend a banana into orange juice for extra nutrition. Add sliced fresh peaches, bananas, strawberries to cold cereal for added Vitamin C. Chopped or pureed fresh fruit makes a delicious topping for ice cream. Ice cream, because it contains calcium-rich milk, is a nutritious dessert. As with all foods, don't overdo!

Sneaking nutrition into your special child's lunchbox

Try sparking the usual lunchbox fare with these nutritious, delicious foods:

- Pack yogurt or a boiled egg.
- Sliced raw vegetables and a homemade dip of whipped cream cheese, cottage cheese and herbs are a different treat.
- Pita (pocket) breads and toasted English muffins are fat-



free and make good substitutes for plain sandwich bread.

• Introduce whole grain breads; they contain more vitamins, fiber and complex carbohydrates than plain white bread and are better for your special child.

• Homemade vegetable soup can be packed in a thermos.

• Sliced or cubed fruit and cheese makes a good dessert, as does a cup of homemade apple sauce.

• Avoid luncheon meats and cold cuts such as bologna, salami, ham. They contain significant amounts of fat, cholesterol, salt and additives in relation to their protein content. Instead, substitute protein-rich tuna, salmon, sardines, peanut butter, egg salad, cold leftover chicken (fatty skin removed), cold meat loaf or leftover roast. Try stuffing celery with peanut butter or low-fat cream cheese for a tasty change of pace.

Finding nutrition in fast food

WORDS TO KNOW:

CARBOHYDRATES—sugars and starches necessary for body energy

CHOLESTEROL—key substance in fatty deposits in body's arteries

ENRICHED/FORTIFIED—addition of more nutrients to a food than it would normally contain

MINERALS—small amounts of calcium, iron, potassium found in food; necessary to build body tissue

FIBER—roughage or bulk found in fruits, vegetables, cereals; important aid in digestion

It's very difficult to deny the family outings to favorite fast food restaurants. If you are careful in your selections, you needn't consider "junk food" places off-limits for you and your special child.

• Order the burger with tomato and lettuce, not with dressing and ketchup.

• Head for the salad bar and enjoy nutritious greens, sprouts, chick peas. Use oil or vinegar sparingly and avoid the calorie-rich, fatty mayonnaise or Thousand Island-type of dressing.

• Baked potatoes are very nutritious but limit the toppings to vegetables.

• Small portions of french fries are fine once in a while.

• Fish fillets and chicken nuggets are nice to have, but without the rich side sauces.

• Order the milk, not the soft drinks or additive-laced shakes.

And here is the good news—**pizza is nutritious,** chockfull of protein (mozzarella cheese), vitamins (tomato sauce) and energy-producing carbohydrates (crust). Drain off excess oil that rises to the top and don't choose the fatty meat toppings. Enjoy!

Your special child's lifelong food habits begin with the good start in nutrition that you can give him.

Do's and Don'ts

Do remember that many special children enjoy finger foods —especially chicken pieces, fruit slices instead of whole fruit. Try packing a baggie with crispy, unsweetened breakfast cereal.

Don't mention your special child's undesirable food habits within his hearing. This only reinforces your special child's self-image as a problem eater. Frequently the child becomes what he hears.

Do make a note that milk drunk in large, continual quantities in-

terferes with your special child's appetite for other much needed foods. Only serve the recommended quantity of any kind of food or drink.

Do remember that breakfast is the most important meal as it fuels the body and brain for the day. Eating a good breakfast banishes the mid-morning slump that interferes with school progress.

Do broil your food instead of frying it. If the recipe calls for frying, then select polyunsaturated vegetable oils such as corn, peanut or safflower or monosaturated oil such as olive oil which will not raise cholesterol levels.

Don't use dessert as the reward for eating at the table. It will condition your special child to equate sweets with the most desirable part of the meal.

Don't be misled by food labels that claim "pure" or "natural." Always read the listed ingredients carefully and watch for salt, sugars and harmful oils.

The reader asks Dr. Popper: CAN YOU DESCRIBE PRADER-WILLI SYNDROME?

by George Popper, Ph.D.

QUESTIONS AND ANSWERS

We invite inquiries or hints from our readers. If you have a question, a problem or comment about any aspect of parenting special children, write to:

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From time to time, most of us have tried dieting to lose some weight. For those who are severely obese or who are compulsive overeaters, the problem is more serious. Even though some people have a genetic predisposition to put on weight, usually when and how we eat is under our conscious control. There is a rare disorder, however, involving serious eating problems known as Prader-Willi Syndrome. Few children actually have the syndrome and no one knows for certain what causes it. Not many doctors are aware of all the symptoms and the diagnosis is often difficult to make.

Symptoms include: short stature, underdeveloped secondary sexual characteristics, poor muscle tone, learning problems, possible mental retardation , proneness to explosive outbursts and, most notably, an **insatiable appetite and a constant need to eat.** Unchecked, the Prader-Willi child will literally die as a result of overeating. The urge to eat is so great that some children have been known to eat undefrosted frozen food, food taken from the garbage or spoiled food. As a result, many of these children have become extremely ill. Gross obesity and all the problems associated with it—hypertension, diabetes and coronary disease—are major concerns.

Although this disorder **cannot as yet be cured, it can be managed.** There is a national association as well as regional and state associations, parent support groups and special programs specifically developed to meet the needs of the Prader-Willi individual. In these groups, parents and professionals learn how to help their Prader-Willi child who cannot control his eating by himself.

Prader-Willi Syndrome is perhaps an "orphan" disease because of its rarity, but as information reaches more people, many more previously undiagnosed cases are emerging. If you suspect your child may have Prader-Willi Syndrome, consult your physician.

For more information contact:

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